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T. MATTHEWS
DEC 15 2021

## **COVER LETTER**

Division of Corporations
SUBJECT: LOGICAL DIS Patchina LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Skeery Ph. J. Stin
Logical Displatening UC
129 SW 14th Ave
Delray Beach, FL 33444  City/State and Zip Code  Skeera 17h19990 9 ma; Com  E-mail address: (to be used for these annual report notification)
For further information concerning this matter, please call:
Sheeralph Philistin at (954) 816-4133 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION OF THE STATE OF THE

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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		129 SW 14th AUC Delray Beach, FL 334	<mark>∮∮</mark> □Remove
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Filing Fee: \$25.00