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TO LAHASSEF, FL

FILED

Mary Hall 352-667-8829. 19004 Wiscon Rd. Brooksville Fl. 34601

COVER LETTER

Division of Corpo	orations		
SUBJECT: LOGT	Development Name of Limit	- LLC . ited Liability Company	
	mendment and fee(s) are sub-	-	
rease return an correspond	Many Ha		
	WGT Develop		·
	19004 WISC	on Rd. Address	
	Brooksville	, FU. 34601 City/State and Zip Code	
	marymh 27 E-mail address: (1	190 @ armail. Cor to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca	all:	
Mary Name of F	Cerson	at (352) Ul (57 - S Area Code Daytime	78 29 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

TO:

Registration Section

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

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 OF

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on NOV. 16. 2022 and assigned	[
Torida document number <u>L 22000491331</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	and Supply LLC. ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	20 2	
	2024 HAY	77
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	烈 4	
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	<u> </u>	J
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new regi	ister
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. Comp. Alberta		
New Registered Office Address:	Enter Florida street address	
	Florido	
	, Florida	—
New Registered Agent's Signature, if changing Registered Agent:	:	
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	ree to act in this capacity. I further agree to comply wi e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	1
company has been notified in writing of this change.		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr.	Wade Taylor	19004 Wiscon Rd. Brooksville Fl. 34601	X IAdd
			Remove
			□Change
			
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te: If the date inse	ther than the date of ted, the date must be spec- erted in this block does date on the Departme	s not meet the appli	cable statutory filin	(option (option) (opt	inal) filing.) Pursuant to 605.0207 date will not be listed as
cord specifies a des	elayed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
, IN A air	18t,	. 2024	<u>+</u> .		
lea y luci		1 11	10		
ted May	Signatu	. 2002 Lysof a promoter or alu	ull horized representative	of a member	

Filing Fee: \$25.00