

L23000192381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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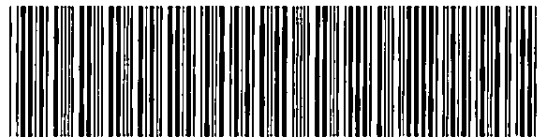
(Business Entity Name)

(Document Number)

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2023 MAY 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGISERVICEAM
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:

MAXIMO ALBERTO ABRIL MARTINEZ
Name of Person

Firm/Company

2424 SUMMERFIELD WAY
Address

MISSIMMEE, FL 34741
City, State and Zip Code

LOGISERVICEAM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAXIMO A ABRIL 917 558 4136
Name of Person Area Code Daytime 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:
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
OF

LOGI SERVICE AM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on APRIL 18, 2023

Florida document number L23000192381

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2424 SUMMERFIELD WAY

KISSIMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2424 SUMMERFIELD WAY

KISSIMEE, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alberto
MAYIMO ~~ABRIL~~ ABRIL

New Registered Office Address:

2424 SUMMERFIELD WAY

(Enter Florida street address)

KISSIMEE

Florida

34741

City

Zip Code

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.

MAYIMO A ABRIL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAXIMO A MARTINEZ		☐ Add
			☒ Remove
			☒ Change
AMBR	MAXIMO ALBERTO ABRU	2424 SUMMERFIELD WAY KISSIMMEE, FL 34741	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-11

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02(7)(3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/01/2023

May 140 A Absen

Signature of a member or authorized representative of a member

MAY, NO ABERTO ABREV

Typed or printed name of signee

Filing Fee: \$25.00