L23000230857

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COVER LETTER

	egistration Sec ivision of Corp				
SUBJECT		OGISTIC LLC			
SOBJEC 1	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all corr e spon	dence concerning this matter	to the following:		
		EUGENIO C. SOTO JR			
			Name of Person		
			Firm/Company		
		5832 SW 26 STREET			
			Address		
		WEST PARK, FL			
		LOGICALLOGISTICLLC	City/State and Zip Code		
			to be used for future annual	report notification)	
For further	information co	ncerning this matter, please ca	all:		
EUGENIC	SOTO		786 65	1-1027	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	s a check for the	following amount:			
≣ \$25.00	Filing Fcc	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u>	ailing Address:	· .	Street A	ldress:	

Mailing Address:
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

LOGICAL LOGISTIC LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on c Liability Company)	our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 05/10/20)23	_ and ass	igned
Florida document number L23000230857	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A					
he new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the design:	ation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		٠. <u>د</u> .	ga-a -
		N/A		_ EM_	
		N/A	· _	<u></u>	:
		7 1 1	•	<u> </u>	: : .
Inter new mailing address, if applicable:		N/A	· ·		اب
(Mailing address MAY BE A POST OFFICE BOX)		N/A	· 	, t.	
		N/A			
B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our recor	ds, <u>enter the name</u>	of the nev	v registe
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida si	reet address		
			, Florida		
		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.

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>	Name	Address	Type of Action
MGR	EUGENIO C. SOTO JR	5832 SW 26 STREET WEST PARK, FL. 33023	\\ \(\) \(\
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an effective date is listed, the lote: If the date inserted	e date must be specif in this block does	ic and cannot be prior not meet the applic	to date of filing or table statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605.020 date will not be listed as
ocument's effective date					
record specifies a delayed is filed.	d effective date, bu	it not an effective t	ime_at-12:01- a:n	non the earlier of: (b)) The 90th day after the
				<i>)</i>	
05/22/2023 Pated		9:00AM		11	
		<u></u>		/ /	
		MACK	Mys 5	0 0	
	Signature	old member or auth	orized representati	ve of a member	
EUGENIO C.	2000 10	(1	

Filing Fee: \$25.00