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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUN 06 AM 10:00  
VLP

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOGICAL LOGISTIC 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:

EUGENIO C. SOTO JR  
Name of Person  
Firm/Company  
5832 SW 26 STREET  
Address  
WEST PARK, FL  
City/State and Zip Code  
LOGICALLOGISTICLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENIO SOTO at (786) 651-1027  
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



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>                   |
|--------------|--------------------|--|---|
| MGR          | EUGENIO C. SOTO JR | 5832 SW 26 STREET WEST PARK, FL. 33023 | <input checked="" type="checkbox"/> Add |
| _____        | _____              | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Change         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Add            |
| _____        | _____              | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Change         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Add            |
| _____        | _____              | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Change         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Add            |
| _____        | _____              | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Change         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Add            |
| _____        | _____              | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____              | _____                                  | <input type="checkbox"/> Change         |

