L2400013736

(Requ	uestor's Name)	
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(City/	State/Zip/Phone #)
PICK-UP	WAIT	MAIL MAIL
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(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer.		
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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2024

JOSE G TORRES 4310 SW 8TH ST MIAMI, FL 33134

SUBJECT: LOGSMART LLC Ref. Number: L24000113736

We have received your document for LOGSMART LLC and your check totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

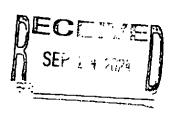
The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 924A00019445



COVER LETTER

TO:

TO: Registration S Division of Co			
LOGSMA	ART LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JOSE G TORRES		
	1	Name of Person	 S 20
	JOSE G TORRES CPA		2024 SEP 24 SECRETARY TALLAHA
		Firm/Company	
	4310 SW 8TH ST		14 SEP 24 AH 9: 51 ORETARY OF STATE FALLAHASSEE, FL
		Address	— E.S.
	MIAMI, FL 33134		9: 51 STATE E. FL
	JGTORRESCPA@GMAIL	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
JOSE G TORRES		786 715-5669 at ()	
Name	of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liabil</u> (A Flord	ity Company as it now appears la Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Florida document number L24000113736mM	Company were filed on	05/2024	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	signation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	2193 SALERNO	CIR	2024 SEC
(Principal office address MUST BE A STREET ADD	RESS) WESTON, FL 32	3327	SE SE
			AH 2
Enter new mailing address, if applicable:	2193 SALERNO	CIR	ASSEE ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33	3327	FL 5
			m
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: ASD	ed office address on our re RUBAL CASTRO VARGAS		of the new registered
2102	SALERNO CIR.		
New Registered Office Address: 2193		da street address	
WES	TON	, Florida	7
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		

LOGSMART LLC

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.

Il 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	Diana Patricia Trivino Cifuentes	2193 Salerno Cir. Weston, FL 33327	■Add
			□ Remove
			Change
			2024 SEP 24 AM CECRETARY OF STALLOHASSEE
			ASSEE, FOREE
			□Change
			□ Add
			□ Remove
			🗆 Add
			🗆 Remove
			□Add
		□Remove	
			□Change