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(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	porations	_		
SUBJECT: DU	You Fevicino	ed Liability Company	Logans Enter	orisesllc
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Burton	Name of Person Firm Company Address	mon_ Logans	Enterprisa LLC
For further information ed VICAY U Name of	E-mail address: (to	City/State and Zip Code Office Grand 1.00 Office used for future armual report notion H:	AR 17 LAHS	The second secon
Enclosed is a check for th	e following amount:	/	100	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed	ı

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Registration Section

TO:

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		•
The Articles of Organization for this Limited Liability Company were filed on	and a	assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Burton Fencing D Tree UC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation	"IL.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
B. If amending the registered agent and/or registered office address on our records, enter the	name of the r	iew registerec
agent and/or the new registered office address here:	025MAR SECRET TALLA	e prop. • 4
Name of New Registered Agent:		#: 3#
New Registered Office Address: Enter Florida street address	· 代 · 一	
, Floric	da Zip Co	de

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 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
			⊡Add
			□Remove
			□Change
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ffective date, if other than an effective date is listed, the date	is block does not meet the appl	icable statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 tents, this date will not be listed as
vote: If the date inserted in the	te Department of State S record		
ocument's effective date on the			
ocument's effective date on the	ective date, but not an effective	time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
ocument's effective date on the record specifies a delayed effect is filed.	5	·	ier of: (b) The 90th day after the
locument's effective date on the	5 V Jsa	time, at 12:01 a.m. on the earl	

Filing Fee: \$25.00

Typed or printed name of signee