

M 120000004661

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(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L.O.G. Management 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:

GREGORY SUTHERLAND  
Name of Person  
L.O.G. Management LLC  
Firm/Company  
100 E PINE ST STE 110  
Address  
ORLANDO FL 32801  
City/State and Zip Code  
INFO@LOGMANAGEMENTLLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY SUTHERLAND at (951) 592-7941  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

L.O.G. MANAGEMENT LLC

(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 August 15, 2012 and assigned Florida document number M12000004661.

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 "L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

100 E PINE ST STE 110  
ORLANDO FL 32801

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

100 E PINE ST STE 110  
ORLANDO FL 32801

**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:

GREGORY SUTHERLAND

New Registered Office Address:

100 E PINE ST STE 110

Enter Florida street address

ORLANDO

City

Florida

32801

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GREGORY SUTHERLAND</u>	<u>100 E PINE ST STE 110</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO FL 32801</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>WAYNE LUND</u>	<u>14155 JULLIARD ST NE</u>	<input type="checkbox"/> Add
		<u>FOREST LAKE MN 55025</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Williard Ogren</u>	<u>7865 US Highway 2</u>	<input type="checkbox"/> Add
		<u>IRON RIVER WI 54847</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>David Goldberg</u>	<u>4257 HARNES ROAD <sup>STE A</sup></u>	<input type="checkbox"/> Add
		<u>DULUTH MN 55811</u>	<input checked="" 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

2028 AUG 10 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(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 605.0207 (3)(b)

Dated

August, 2023

Hegony Lutherland  
Signature of a member or authorized representative of a me

Signature of a member or authorized representative of a member

GREGORY SUTHERLAND

Typed or printed name of signee

**Filing Fee: \$25.00**