

M1900000 6106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

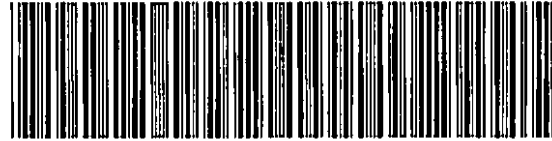
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Logan Arch Development, FL, 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:

Frank J. Aloia, Jr., Esq.

\_\_\_\_\_  
Name of Person

Aloia | Roland

\_\_\_\_\_  
Firm/Company

2222 Second Street

\_\_\_\_\_  
Address

Fort Myers, FL 33901

\_\_\_\_\_  
City/State and Zip Code

faloia@lawdefined.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank J. Aloia, Jr., Esq.

239 791-7950

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

Logan Arch Development FL, 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 June 14, 2019 and assigned  
Florida document number M19000006106.

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 "LLC."

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

6701 Nalle Grade Road

**(Principal office address MUST BE A STREET ADDRESS)**

North Fort Myers, FL 33917

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

6701 Nalle Grade Road

**(Mailing address MAY BE A POST OFFICE BOX)**

North Fort Myers, FL 33917

**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:

Frank J. Aloia, Jr., Esq.

New Registered Office Address:

2222 Second Street

*Enter Florida street address*

Fort Myers

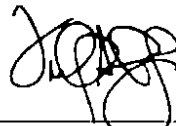
Florida 33901

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pineapple Oak, LLC	1990 Main Street, Suite 750	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Tara Ferrari	1671 Keely Lane	<input type="checkbox"/> Add
		Sarasota, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craig D. Evans	6701 Nalle Grade Road	<input checked="" type="checkbox"/> Add
		North Fort Myers, FL 33917	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee