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A. RAMSEY MAY 1 & 2023

COVER LETTER .

O: Amendment Section Division of Corporations
NAME OF CORPORATION: LOGAN MILLER X INC
DOCUMENT NUMBER: P 23 000006224
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
DARRELL BRAHAM
Name of Contact Person
DATATAY 2000 INC
Firm/ Company
6311 STIRLING ED
Address
DAVIE FL 33314
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
= same acases, (so or accessor, rather almain report hornication)
or further information concerning this matter, please call:
DARRELL BRAHAM at (954) 791 3003
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & B\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Eli

	Articles of Incor	poration	TLE)
	LOGAN MILL	ER X INC.	2023 MAR -2 AM 173	
(Name of	Corporation as currently		Dept. of State)	45
		2000 6224	MALI ARASSEP STA	7:5
	(Document Number of C	Corporation (if known)) - 1108	ý.
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this Fi	orida Profit Corporat	tion adopts the following an	mendinent(s) to
A. If amending name, enter the new nan	ne of the corporation:			
				ie new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co" chartered," "professional association," of	rp," "Inc," or "Co". A	mpany, "or "incorpor professional corporal	rated" or the abbreviation ' tion name must contain th	Corp.," he word
B. Enter new principal office address, if (Principal office address MUST BE A ST.				
				
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O				
			·	
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter t	he name of the	
Name of New Registered Agent			· · · · · ·	
-	(Florida stree	et address)		
New Registered Office Address:			, Florida	
		Ciţi)	(Zip Cod	le)
New Registered Agent's Signature, if chall hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar w	ith and accept the obli	gations of the position.	
	,	1	. , , ,	
	•			
	Signature of New Reg	gistered Agent, if chan	iging	

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	18	MARK JASERSTEIN	997 CAPTIVA DL
1) Change	-	1 (11147 1115	
Add			Houremond
X Remove	10	Vac a second	FL 33019.
2) Change	JP	ADM JASERSTEIN	297 CAPTIVA DR
X Add			Hourmoop
Remove 3) Change		·	FL. 33019.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. 1 2 2	adding additional Arti	(Paguerica)	e(s) nere:		
ach addition	al sheets, if necessary).	(Be specific)			
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an amendm covisions fo	ent provides for an excl implementing the ame	hange, reclassifica	ation, or cancellat	ion of issued shar	es,
(if not ap	plicable, indicate N/A)	.nament ii not co	intained in the am	enument usen.	
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The date of each amendment(s) adoption:	tebruxey	24	2023	, if other than the
date this document was signed.	\	·····		, n out mure
- C	FEBRUARY	لمدد	2223	
Effective date <u>if applicable</u> :				
6.	no more than 90 days afte	r amendi	nent file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		ory filin	g requirements,	this date will not be listed as t
Adoption of Amendment(s) (CHE)	CK ONE)			
The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of di	rectors v	vithout sharehole	der action and shareholder
The amendment(s) was/were adopted by the shing by the shareholders was/were sufficient for approximation and the shareholders was a shareholder for approximation and the shareholder for approximation and the shareholder for a shareho	areholders. The number oproval.	of votes o	ast for the amer	ndment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr				
"The number of votes cast for the amenda	ment(s) was/were sufficier	nt for app	oroval	
by ALL COMMON	SHARWULDER group)	۲,	."	
(voting	g group)			
Dated × 2/24/23				
Signature	. Miller	i		
(By a director, preside	ent or other officer - if dire	ctors or	officers have no	ot been
	orator – if in the hands of			
	Logar Mill	ER.		
(T ₃	ped or printed name of pe	erson sign	ning)	·
	PRESIDENT			
(Ti	tle of person signing)		· · · · · ·	