## L18000176586

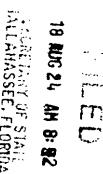
| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
| AJ 8/30/18                              |

Office Use Only



000317443370

08/24/18--01011--027 \*\*25.00



## **COVER LETTER**

|                | istration Secti<br>ision of Corpo |                                              |                                                                           |                    |                                                    |                                         |
|----------------|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------------|--------------------|----------------------------------------------------|-----------------------------------------|
| SUBJECT:       | F-NESS Pub                        | lications, LLC                               |                                                                           |                    |                                                    |                                         |
| SUBJECT:       |                                   | Name of Limited Liability Company            |                                                                           |                    |                                                    |                                         |
|                |                                   | nendment and fee(s) are sub-                 | -                                                                         |                    |                                                    |                                         |
| Please return  | all correspond                    | ence concerning this matter                  | to the following:                                                         |                    |                                                    |                                         |
|                |                                   | Fanny Schoettlin                             |                                                                           |                    |                                                    |                                         |
|                |                                   |                                              | Name of Person                                                            |                    |                                                    |                                         |
|                |                                   |                                              | Firm/Company                                                              |                    |                                                    |                                         |
|                |                                   | 29074 Perilli Place                          |                                                                           |                    | 11                                                 |                                         |
|                | Address Wesley Chapel, FL 33543   |                                              |                                                                           |                    | 8 <b>806 2</b>                                     | ا الله الله الله الله الله الله الله ال |
|                |                                   | fannyschoettlin@gmail.cc                     | City/State and Zip Code                                                   | , ·                | · in           | EU                                      |
|                |                                   | E-mail address: ()                           | to be used for future annual report notit                                 | ication)           | AM 8: 92<br>OF STATE                               | الاستعاق                                |
| For further in | formation con                     | eerning this matter, please ca               | all:                                                                      |                    | (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |                                         |
| Scott Schoe    | <del>_</del>                      |                                              | 949 400-2709                                                              | T.J. day Night     | -                                                  |                                         |
|                | Name of Pe                        | erson                                        | Area Code Daytime                                                         | e Telephone Number |                                                    |                                         |
| Enclosed is a  | check for the (                   | following amount:                            |                                                                           |                    |                                                    |                                         |
| ■ \$25.00 F    | iling Fee                         | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Certified          | e of Status &                                      |                                         |
|                |                                   |                                              |                                                                           |                    |                                                    |                                         |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| F-NESS Publications, LLC                                                                                        |                                                                   |                              |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi                                                    | mpany as it now appears on our records.<br>ted Liability Company) | )                            |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number L18000176586            | any were filed on 7/24/2018                                       | and assigned                 |
| 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 L                                           | iability Company," the designation "LLC"                          | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                             |                                                                   |                              |
| (Principal office address MUST BE A STREET ADDRESS                                                              | <u> </u>                                                          |                              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                            |                                                                   | 18 MASSEE.                   |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, here:                            | enter Benarite of the ne     |
| Name of New Registered Agent:                                                                                   |                                                                   |                              |
| New Registered Office Address:                                                                                  | Enter Florida street address                                      |                              |
|                                                                                                                 | . Flor                                                            | -ida                         |
|                                                                                                                 | City . 1 tol                                                      | 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>      | Address                         | Type of Action  |
|--------------|------------------|---------------------------------|-----------------|
| AMBR         | Scott Schoettlin | 29074 Perilli Place, Wesley Cha | ■ Add           |
|              |                  |                                 | Remove          |
|              |                  |                                 | Change          |
|              |                  |                                 | Add             |
|              |                  |                                 | C Remove        |
|              |                  |                                 | Change          |
|              |                  |                                 | LANASSE LANASSE |
|              |                  |                                 | SEE OF D Remov  |
|              |                  |                                 | □ Add           |
|              |                  |                                 | Remove          |
|              |                  |                                 | Change          |
|              |                  |                                 |                 |
|              |                  |                                 | Remove          |
|              |                  |                                 | Change          |
|              |                  |                                 |                 |
|              |                  |                                 | ☐ Remove        |
|              |                  |                                 | □ Change        |

|                                                                                                                                                               |                                               | _          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               |            |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               |            |
|                                                                                                                                                               | <u> </u>                                      | _          |
|                                                                                                                                                               |                                               |            |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               |                                               | _          |
|                                                                                                                                                               | 24. <b>3</b>                                  | _          |
|                                                                                                                                                               | EAH<br>CAH                                    | <u> </u>   |
|                                                                                                                                                               | \$2. <b>P</b>                                 |            |
|                                                                                                                                                               |                                               | -[1        |
|                                                                                                                                                               | ~~~ <b>~~</b>                                 | ;          |
|                                                                                                                                                               | 0.00                                          |            |
|                                                                                                                                                               | **                                            |            |
|                                                                                                                                                               |                                               | _          |
| Effective date, if other than the date of filing:                                                                                                             | (optional)                                    |            |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or me                                                         | ore than 90 days after filing.) Pursuant to 6 |            |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | g requirements, this date will not be it      | sted as th |
|                                                                                                                                                               |                                               |            |
| he record specifies a delayed effective date, but not an effective t<br>The 90th day after the record is filed.                                               | ime, at 12:01 a.m. on the ear                 | lier of:   |
| Dated B 20 20 b                                                                                                                                               |                                               |            |
| Dated                                                                                                                                                         |                                               |            |
|                                                                                                                                                               |                                               |            |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00