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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	FREE MUNCON Name of Lin	PUBLICATIONS niled Liability Company	LLC_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	IA	MFS R. CLARU Name of Person	
	- Freer	MUNEUPIPLKA-	TONSLLC
	<u> </u>	0 Box 1686	
		City/State and Zip Code	
	E-mail address: (ARK 1011 @Bell to be used for future armual report noti	SOUTH. NEV
For further information co	oncerning this matter, please c	all:	;
JAMES (.	Person	at (<u>305</u>) <u>509</u> -	2374
Enclosed is a check for th	ne following amount:		· · · · · ·
□ \$25.00 Filing Fee	S30.00 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 S	_	Street Address:	a k i a m
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P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE MONEY PUBLICATIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Vymper 39, 3005 and assigned
Florida document number L05000114741
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.L.C."
Enter new principal offices address, if applicable: 6910 FRON, STREET
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Ey WEST, FL, 33040
Enter new mailing address, if applicable:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) POBOX 1686 WEST, FL. 33041
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: JAMES R. CLARK
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Lancet Florida street address Enter Florida street addr
KEYWEST, Florida F2, 33040 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

ff 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
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Filing Fee: \$25.00