L06000030362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(51,7-53,5-1,7-1,0-1,0-1,7-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
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2019 FEB -4 PM 1: 05

C. GOLDEN FEB - 9 2013

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	AJR	PUBLISHING LLC			
			ed Liability Company		
The enclosed Arti	cles of Amend	ment and fee(s) are subm	itted for filing.		
Please return all c	orrespondence	concerning this matter to	the following:		
		JULIA I	CANTECK Name of Person	-1	
			Name of Person		
		AJR PU	BLISHING	auc	
		•	Firm/Company	•••	
		3215 BU-	TLER BAY	J DR N	J .
			Address		
		WINDERM	ERE, FL	-,34-	786
		\$ 1 a	City/State and Zip Cod	c ,	
		JICante	ckie on	rail.com	n
		E-mail address: (to	be used for future annua	ai report notificatio	n)
For further inform	nation concerni	ng this matter, please cal	1:		
JULIA	KANT	ECKI	at (321)	331 10	66
	Name of Person	ECKI	Area Code	Daytime Tele	phone Number
Enclosed is a chec	ck for the follo	wing amount:			
□ \$25.00 Filing		30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING AI Registration S	ection	Registr	ET/COURIER A	
	Division of Co P.O. Box 6327			n of Corporation. Building	S
	Tallahassee, F			xecutive Center (Tircle

Tallahassee, FL 32301

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

FILED

AJR PUBLISHING LLC

2019 FEB -4 PM 1:05

(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 Co	ompany were filed on <u>O</u>	3 1 2 2 1 2 0 0 6 and assigned
Florida document number _ L06000030362	<u>2</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- :	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		out records, enter the name of the new
New Registered Office Address:	Futur Floric	la street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered		,
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of n yent as provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	If Changing Registered Age	nt, 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
<u>ms</u>	REED, JANE	121 EULALONA CT	🖸 Add
		KLAMATH FALLS, OR	R Remove
		97601	☐ Change
			Add
			Remove
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an offe <u>(ote:</u> I	re date, if other than the date of filing: 1/31/2019 (optional) etive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	1/31/2019
ated _	
ated _	Mu
Pated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00