

L08000040936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

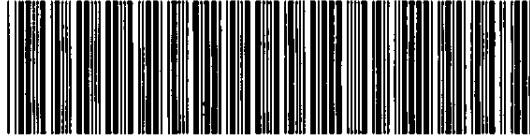
(Business Entity Name)

(Document Number)

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04/22/16--01011--008 \*\*25.00

SECRETARY OF STATE  
HALL  
TALLAHASSEE, FLORIDA  
16 MAY - 5 AM 7:12

MAY 11 2016  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2016

PUERTO RICAN PUBLISHING, LLC  
MARITZA MERCEDES  
1293 N UNIVERSITY DR. #108  
CORAL SPRINGS, FL 33071

SUBJECT: PUERTO RICAN PUBLISHING, LLC  
Ref. Number: L08000040936

We have received your document for PUERTO RICAN PUBLISHING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00008519

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

PUERTO RICAN PUBLISHING, LLC.

**SUBJECT:** \_\_\_\_\_  
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:

Maritza Mercedes  
\_\_\_\_\_  
Name of Person

PUERTO RICAN PUBLISHING, LLC.  
\_\_\_\_\_  
Firm/Company

1293 N. University Dr. #108  
\_\_\_\_\_  
Address

Coral Springs, FL 33071  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maritza Mercedes                      305      647-4577  
\_\_\_\_\_ 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TO  
ARTICLES OF ORGANIZATION  
OF**

PUERTO RICAN PUBLISHING, 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 04/23/2008 and assigned  
Florida document number L08000040936

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:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 MAY - 5 AM 7:18  
MAY 16 2008  
TALLAHASSEE, FLORIDA

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

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

\_\_\_\_\_  
\_\_\_\_\_

**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:**

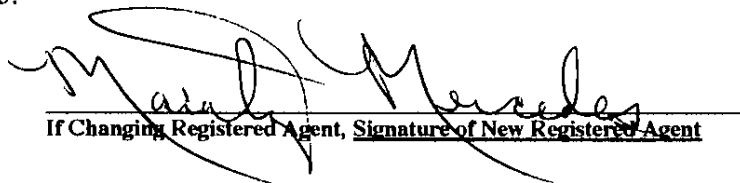
Name of New Registered Agent: Maritza Mercedes

New Registered Office Address: 1293 N. University Dr. #108  
*Enter Florida street address*

Coral Springs, Florida 33071  
*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.*

  
Maritza Mercedes  
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Maritza Mercedes	1293 N. University Dr. #108	<input checked="" type="checkbox"/> Add
		Coral Springs, Fl 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Padilla	1293 N. University Dr. #108	<input type="checkbox"/> Add
		Coral Springs, Fl 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 MAY 16 AM 7:18  
STATE OF FLORIDA  
TALLAHASSEE

**E. 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 more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 01, 2016

Signature of a member or authorized representative of a member

Jonathan Padilla  
Typed or printed name of signee