L08000096355

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

Office Use Only



500159507645

08/14/09--01022--025 **60.00

9 AUG 14 AM IO: 51
SEGRETARY OF STATE

COVER LETTER

	tion Section of Corporations						
SUBJECT:	C 2 B Publishing, LLC						
30B3EC1	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:							
Emidio Sessa							
Name of Person							
C 2 B Publishing,LLC							
Firm/Company							
7360, Ulmerton Road, 13-B							
	Address						
	Largo, Florida, 33771						
City/State and Zip Code							
	mid@11652006@yahoo.com E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning this matter, please call:						
r or runner intern	anon concerning this matter, prease can.						
	Emidio Sessa at (727) 504.6619 Name of Person Area Code & Daytime Telephone Number						
Name of Person Area Code & Daytime Telephone Number							
Enclosed is a chec	k for the following amount:						
\$25.00 Filing	Fee \$\int_{\}\$30.00 Filing Fee & \$\int_{\}\$55.00 Filing Fee & \$\int_{\}\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
09 AUG 14 AM ID: 5:1

C 2 B Publishing,LLC

SECRETARY OF STATE TALL AHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	,	Zip Code
		, Florida	
		Enter Florida street addres	SS
New Registered Office Address:			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>enter the</u>	name of the new
(Mailing address MAY BE A POST OFFICE B	<u></u>		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET	f ADDRESS)		
Enter new principal offices address, if applica			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Con	npany," the designation "LLC	C" or the abbreviation
A. If amending name, enter the new name of	the limited liability company l	here:	
This amendment is submitted to amend the follo	wing:		
Florida document number L080000963	<u>555M</u> .		
The Articles of Organization for this Limited Lia	ability Company were filed on _	October 13th 2008	_ and assigned
	, ,	,	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maritza Santos	176 11st SW, Largo, Florida, 33770	✓ Add ☐ Remove
MGRM_	Maritza Santos	176 11st SW, Largo, Florida, 33770A	A
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter cl dd Maritza Santos as a partner	hange(s) here: (Attach additional sheets, if necessary	
_ _ _			SECRETARY OF STATE
Dated	August 12th , _	2009	DATE -
	Signature of a me	ember or authorized representative of a member	<u></u>
	Т	Emidio Sessa	

Page 2 of 2

Filing Fee: \$25.00