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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Smail Address:____

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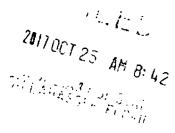
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K. SALY OCT 2 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ELEPHANT PUBLISHING, LLC		
Name of the Limited Liability Company as it	ow appears on our records.) Company)	
the Articles of Organization for this Limited Liability Company were fill $\frac{L10000024674}{L10000024674}$		and assigned
his amendment is submitted to amend the following:		
 If amending name, enter the new name of the limited liability co 	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Com	nany" the designation "LLC" or	the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Dispirity Com	puny, one designation 200 of	
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records,	enter the name of the no
Name of New Rogistered Agent:		
New Registered Office Address:	Enter Florida street address	
	Ulaw	ido

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.

City --

If Changing Registered Agent, Signature of New Registered Agent

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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 =	
AMBR =	Authorized Member

<u> Fitle</u>	Name	<u>Address</u>	Type of Action
MGRM	Daniel Eilemberg	1840 S. Bayshore Dr.	
		Miami, FL 33133	Remove
			☐ Change
MGRM	Summit Press, LLC	311 Lincoln Road	Add
		Office 202	□ Remove
		Miami, FL 33139	Change
			□ Add
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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the			(optional) more than 90 days after filing, ng requirements, this date) Pursuant to 605.0207 (3)(twill not be listed as the
he record specifies a del The 90th day after the	ayed effective date, record is filed.	but not an effective	time, et 12:01 a.m.	on the earlier of:
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Dated	·	— ' り	M	
		er or authorized representati		
	A	as or suited mach recentati	ve or a member	

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Filing Fee: \$25.00