## 10000050119

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
· (Busine	ess Entity Na	me)
(Docun	nent Number	) .
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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2010 SEP -7 AM W: OL SECRETARY OF STATE

T. CLINE

SEP - 8 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:		PUBLISHME ited Liability Company	uc		
	f Amendment and fee(s) are su	_			
Please return all corresp	ondence concerning this matte	r to the following:			
	Roph	Name of Barrer			
		Name of Person		-	
	BAY	LAKE PUBUS	HING LLC		
		Firm/Company		_	
	8613	Address  OBITON FL  City/State and Zip Code  ORPO YAHOO. C	- WEST		
		Address		<del>-</del>	
	BRA	DENTANI FL	DRIDA 3421	2010 SEP -7 SECRETARY TALLAHASSE	
		City/State and Zip Code	orare state	SET SET	Ĭ
	BLPC	ORPAYAHOO.C	om	ASS	#4.h
	E-mail address:	(to be used for future annual re	port notification)	[T] " " g-4	ì
For further information	concerning this matter, please	call:		TS =	
Roo	STROM	at ( <b>94</b> ( ) 46	5 (116	AM M: OL OF STATE E. FLORIDA	
Name	of Person	Area Code	& Daytime Telephone Numb	er	
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) Certific	iling Fee, cate of Status & cd Copy onal 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**

BAY LAKE	PUBLISH	ING LL			
( <u>Name of the Limited Li</u> (A Fl	ability Company as orida Limited Liabilit	it now appears on y Company)	our records.		
The Articles of Organization for this Limited Liab	ility Company were	filed on	10/201	o and assign	ned
Florida document numberL\$00005		•			
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability o	company here:	٠		
BAY LAKE PUBLISH	ING AND J	ludy's AR	T STORE	LLC	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Li	ability Company,"	the designation	"LLC" or the abl	reviation
Enter new principal offices address, if applicable	le:	8615 5	3 RP AV	e Emse	
(Principal office address MUST BE A STREET			STON FL	i3	20
	• •			ASSI ASSI	
Enter new mailing address, if applicable:		P.O. 3	ok 311	E. F. S	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	CORTEZ	E FLORIE	A SHA	5
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our	records, enter	the name of	the new
Name of New Registered Agent:	Room	vey stru	SM.		
New Registered Office Address:	8615	53R01			
	70		Tlorida street ad	ddress	
	BRADENTO City	<u>N</u>	, Florida _		·
New Registered Agent's Signature, if changing Reg		Y		Zip Code	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
ngrm	JUDITH E STROM	8615 STRO AUG WEST	Add Remove
		BRADENTON FLORIDA 342	IO Remove
			Add
			Add Remove
			Add
			70 IB
			AMA TO REMOVE
			SSEE.
			And Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necess	sary.)
5		e of Business	
	2 AND ADDING	JUDIN E STROM AS	
_	ADDITIONAL ME	-RM	
Dated	SEPTEMBER 3 , Z	<u> </u>	
	Rodina	Astron	
	· ·	per or authorized representative of a member	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00