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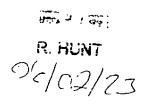
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## **COVER LETTER**

SUBJECT: BAYLake Publishing and Judy's Het Stoee LLC. Name of Limited Mability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Judith E Stron  Name of Person  Judys Aret Stree.  Firm/Company
Beadentin, FL Bulger 34209  City/State and Zip Code
Beader ton, FL BUDGE 34209  City/State and Zip Code  KSTROM & Bevoptime Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Stevm at (303) 775-1292 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Fee Calrady escended for \$35.00    \$25.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Registration Section** 

Division of Corporations

TC:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay lake Publishing and Judys Het Stree LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L1000050719</u>. 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) 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 1 & registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

If Changing Registered Agent, 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
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an effective date is listed, the c lote: If the date inserted in	an the date of filing: 000 2022 attention this block does not meet the applicable statutory fithe Department of State's records.	or more than 90 days after filing.) Pursuant to 60:	5.0207 ted as (
record specifies a delayed of lis filed.	ffective date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90th day afte	er the
Pated 9/17/23	··		
	Signature of a member or authorized representative of a member of authorized representative of the state of t	tive of a member	