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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

FEB 12 2016 BRUCE

COVER LETTER

| Divi | ision of Corp | porations |
|---------------------|----------------|---|
| SUBJECT: | David-Jacob | os Publishing Group, LLC |
| SUBJECT. | | Name of Limited Liability Company |
| | | |
| The enclosed | Articles of | Amendment and fee(s) are submitted for filing. |
| Please return | all correspon | ndence concerning this matter to the following: |
| | | Joshua Wattam |
| | | Name of Person |
| | | David-Jacobs Publishing Group, LLC |
| | | Firm/Company |
| | | 14497 N. Dale Mabry Hwy Suite 135 |
| | | Address |
| | | Tampa, FL 33618 |
| | | |
| | | jobin Saar tajacoopgicon |
| | | E-mail address: (to be used for future annual report notification) |
| For further in | nformation co | oncerning this matter, please call: |
| Joshua Watt | am | 813 321-4119 |
| *** * · · · *** * · | Name of | |
| | | |
| Enclosed is a | a check for th | ne following amount: |
| ■ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

TO:

Registration Section

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

| David-Jacobs Publishing Group, LLC | | | |
|--|---|-----------------------------|--|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now app da Limited Liability Compan | pears on our records iy) |) |
| The Articles of Organization for this Limited Liability (Florida document number L11000080607 | Company were filed on | 07/13/2011 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the lim</u> | nited liability company | here: | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," tl | he designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | on our records, | enter the name of the ne |
| Name of New Registered Agent: | | ····· | And The Control of th |
| New Registered Office Address: | Enter | Florida street address | TT1-< |
| | City | , Flo | rida — — — — — — — — — — — — — — — — — — — |
| New Registered Agent's Signature, if changing Registers | ed Agent: | | > O |

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 |
|--------------|-----------------|-----------------------------------|----------------|
| AMBR | Elizabeth Olver | 3538 Glossy Ibis Ct. Palm Harbor, | Add |
| | | | □ Remove |
| | | | |
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| | 무슨 수 |
| | Dr. Ho |
| | |
| ective date, if other than the date of filing: | (optional) |
| n effective date is listed, the date must be specific and cannot be prior to date of filin te: If the date inserted in this block does not meet the applicable statutory | ng or more than 90 days after filing.) Pursuant to 605. y filing requirements, this date will not be liste |
| cument's effective date on the Department of State's records. | |
| manual appointing a deligrand officiality data. but not an effect | tive time at 17:01 are as the andi- |
| record specifies a delayed effective date, but not an effect he 90th day after the record is filed. | tive time, at 12:01 a.m. on the earne |
| February 8th 2016 | |
| , | |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00