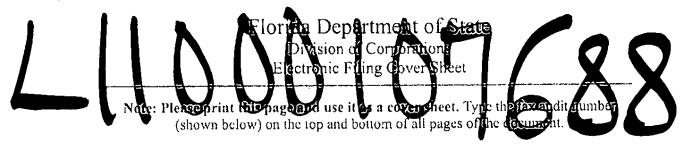
To: Florida Department of State

Division of Corporations



(((H220002293193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ض

2022 JUL - 3

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700

Fax Number : (561)910-5701

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFESTYLE PUBLICATIONS, LLC

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M. SOLOMON

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July 7, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LIFESTYLE PUBLICATIONS, LLC 1830 N. UNIVERSITY DRIVE #342 PLANTATION, FL 33332

SUBJECT: LIFESTYLE PUBLICATIONS, LLC

REF: L11000107688

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

P15000013099

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon FAX Aud. #: H22000229319 Letter Number: 522A00015216 Senior Section Administrator

From: Katz Baskies & Wolf PLL

COVER LETTER

H22000229319 3

TO: Registration Se Division of Cor				
	ublications LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Thomas O. Katz	•		
		Name of Person		
	Katz Baskics & Wolf PLL	c		
		Firm/Company		
	3020 North Mililtary Trail	Suite 100		
		Address	, na	
	Boca Raton, FL 33431		2822 JUL	
		City/State and Zip Code		_
	thomas.katz@katzbaskies.c	to be used for future annual report notification)	42 6	•
For further information		,		!
	oncerning this matter, please o		ုံ 🔐	•
Thomas O. Katz		561 910-5700 at ()		
Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy	Status &	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

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

To: Florida Department of State

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000229319 3

Lifestyle Publications LLC	<u></u>			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number L11000107688	ompany were filed on September 20, 2011	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
LSP MEDIA, LLC				
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	* 4 829 829		
A mesper office was page 199				
		7,2		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		- S. - C.		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our records, <u>enter the n</u> s	ime of the new registered		
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I aw gent as provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is		
	If Changing Registered Agent, Signature of New	Registered Agent		

H22000229319 3
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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
•			☐ Change
			□Remove
			□Change
			□Add &
			□Remove &
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To: Florida Department of State

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ffective date, if other that an effective date is listed, the da lote: If the date inserted in to ocument's effective date on	his block does no	t meet the applic	able statutory fi	more than 90 days	ptional) after filing.) Pursum this date will not	nt to 605.0207 (3 t be listed as th
record specifies a delayed ef I is filed.	Fective date, but r	ot an effective t	ime, at 12:01 a.r	n, on the earlier of	i (b) The 90th o	iny after the
July 5,		2022				
			-4-			

Typed or printed name of signee