L11000 145594

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)	<u></u>
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

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12 SEP 24 PM 1:40

SEGRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 2 5 2012

T. HAMPTON

COVER LETTER

	ation Section of Corporations		
SUBJECT:	MSQUARED PUBLIS	SHING LLC	
	Name of Limited Liability	Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for fi	ling.	
Please return all o	orrespondence concerning this matter to the follow	ving:	
	NOAH I	MCBETH	
	Name	of Person	
	Firm/C	Company	
	4035 N. Meridia	n Ave Suite #102	
	Ad	dress	
	Miami Beach	/Florida 33140	
	City/State a	and Zip Code	
	noahmcbeth E-mail address: (to be used for	@gmail.com future annual report notification)	
For further inform	ation concerning this matter, please call:		
-		786) 529 6074	
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$25.00 Filing	Certificate of Status Certi	Filing Fee & \$60.00 Filing Fee, fied Copy tional copy is enclosed) Securificate of Status Certified Copy (additional copy is	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 SEP 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 27, 2012

NOAH MCBETH 4035 N MERIDIAN AVE STE 102 MIAMI BEACH, FL 33140

SUBJECT: M SQUARED PUBLISHING L.L.C.

Ref. Number: L11000145594

We have received your document for M SQUARED PUBLISHING L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00021860

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M SQUARI	ED PUBLISHING L.L.C.	·			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on or Limited Liability Company)	r records.)			
The Articles of Organization for this Limited Liability	Company were filed onDecem	ber 30, 2011 and assigned			
Florida document numberL11000145594	.				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	4035 N MERIDIAN	AVE SUIT#102			
(Principal office address MUST BE A STREET ADD	MIAMI BEACH, FL	ORIDA 33140			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our red dress here:	ords, enter the name of the new			
Name of New Registered Agent: NO	AH MCBETH				
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida Zip Code			
	•				

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

MGR = Manager MGRM = Managing Member

<u> Title</u>	Name	Address	Type of Action	
<u>MGRM</u>	Mary McBeth	4035 N Meridian Ave Suit #102 Miami Beach, FL 33140	Add Remove	
			Add Remove	
2			Add Remove	
			Add Remove _	
			Add Remove	
			Add Remove	
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	12 SEP 24 PM 1:40	SECRETARY OF STATE
Dated	Du	012 PA	0)#S
		or authorized representative of a member Joseph Grant d or printed name of signee		
	1 ypec	a or bruned name or signee		

Page 2 of 2

Filing Fee: \$25.00