

L12000035640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 27 2012

EXAMINER



100241954881

11/26/12--01046--009 \*\*25.00

FILED  
12 NOV 26 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ANGELA A. ABBOTT, P. A.**  
ATTORNEY AT LAW

4420 SOUTH WASHINGTON AVENUE  
TITUSVILLE, FLORIDA 32780

FACSIMILE  
(321) 269-6840

TELEPHONE  
(321) 264-0334

November 20, 2012

Via Federal Express

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization  
of Alchemy Publications, LLC

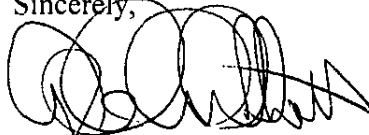
Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Amendment for the referenced Limited Liability Company, together with a check in the amount of \$25.00 made payable to Department of State to cover filing fee.

Please stamp the copy of the Articles of Amendment with the date received in your office and return to the undersigned in the envelope provided.

Thank you for your assistance in this regard.

Sincerely,

A handwritten signature in black ink, appearing to be 'Angela A. Abbott', written over a circular stamp or seal.

Angela A. Abbott

AAA:eld  
Enclosures

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Alchemy Publications, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Angela A. Abbott**

Name of Person

**Angela A. Abbott, P.A.**

Firm/Company

**4420 S. Washington Avenue**

Address

**Titusville, FL 32780**

City/State and Zip Code

**angelaabbott@cfl.rr.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Angela A. Abbott**

Name of Person

**321 264-0334**

at ( )

Area Code & Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional 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**

Alchemy Publications, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 13, 2012 and assigned  
Florida document number L12000035640.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Alchemadhi Publishing, LLC

The new name must be distinguishable and end with 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)

RECEIVED  
12 NOV 26 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

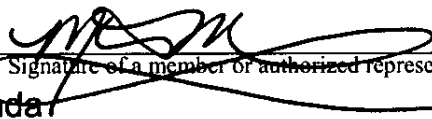
---

---

---

---

Dated November 19, 2012.



Signature of a member or authorized representative of a member

**Marta Maranda**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**