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# **COVER LETTER**

Division of Cor	porations	<b>*</b> *		
SUBJECT: I'M	n Not Your B	Boring Newspaper	, lll	
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YARA Z	ZAKNARIA, E59.		
		Your Boring News	spaper	
	43 	· <b>/</b>	155 S.W. 15	t Ave.
	MIAMI	FL 33129 City/State and Zip Code	·	
	INYB.	No edito @ gmail (to be used for future annual report noti	· lovo fication)	
For further information c	oncerning this matter, please c	all:		
YARA Z	AHNA RÍA	at (786) 218 - Area Code Davis	1720 e Telephone Number	-
Enclosed is a check for the	-			
\$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 St Certified Copy (additional copy is e	atus &

## 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

I'm Not	Your Born	ng Newspap	ery 160			
		as it now appears on obility Company)				
The Articles of Organization for this Limited Liab Florida document number	oility Company w	ere filed on <u>Jan</u>	. 11, 2013	<u>2</u> and	assign	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designa	tion "LLC" or the a	bbreviatior	"L.L.C.	**
Enter new principal offices address, if applicab	ole:				-1-	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)				<	1 je 9
				, ,	رب رب	
Enter new mailing address, if applicable:		**************************************	· <del>*</del> ···································		<del>رن</del> زن	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				ப	
		<del>y</del>				
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter	the nar	ne of	the nev
Name of New Registered Agent:						
New Registered Office Address:	2955	5W 15 PA	ve.			
	MIAI	Enter Florida str VI City	eet address , Florida	3312 Zip Ci	9	······································

### 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
			□ Add
			Remove
	•		Remove
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ument's effe	ctive date on the	Department of	f State's recor	ds.			
record spe	cifies a delay	ed effective	date. but	not an effec	tive time, a	t 12:01 a.m	. on the earlier
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