# 1300075258

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## COVER LETTER

Divisi	on of Cor	porations		
SUBJECT: _	MEAP	PUBLISHING, LLC		
		Name of Lim	ited Liability Company	
The enclosed A	inicles of i	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspoi	ndence concerning this matter	to the following:	
		Lynne Hampton, Esq		
		<del></del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Hampton Legal Services L	LC	
			Firm/Company	
1128 Royal Palm Beach Blvd. Suite 389				
			Address	
		Royal Palm Beach, Florida	33411	
			City/State and Zip Code	
		lynne@hamptonlegalservice		
			to be used for future annual report noti	fication)
For further into	rmation co	oncerning this matter, please ca	ıll:	
Lynne Hampton 561 329-1952  at ()  Name of Person Area Code Daytime Telephone Numb				
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a cl	heck for th	e following amount:		
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

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Registration Section

TO:

#### 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

MEAP PUBLISHING, 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 May 23, 2013 \_\_\_\_\_ and assigned Florida document number \_\_L13000075258 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEAP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the fante registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_

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 =	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  June 21, 2018			
Effective date, if other than the date of filing:			
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Linne Hampton	the record specifies a delayed effective date, but not an effective time  o) The 90th day after the record is filed.	, at 12:01 a.m. on the earlie	r of:
Linne Hampton	Dated		
V 9 Signature of a mambar or authorized corresponding of a mambar	Signature of a member or authorized representative of a	number -	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00