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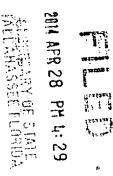
(Red	juestor's Name)	
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# **COVER LETTER**

Division of Corp				
SUBJECT: JMF (	PUBLISHING	LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Guy Sperdu	to		
		Name of Person		
	Guy D. Sper	duto, CPA		
		Firm/Company		
	8963 Stirling	Road Suite 101		
		Address		
	Cooper City	, FL 33328	1 37 ( 1 37 ( 1 37 )	20
		City/State and Zip Code	12 × 13	APR
	helen@accountir	Iglinkusa.com to be used for future annual report notific		28
Professional Community		-	anon)	2 7
	oncerning this matter, please ca			The state of the s
Guy Sperdu	uto	<sub>at</sub> 954, 432-02	272 §#	29
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 Sta Certified Copy (additional copy is er	itus &

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

JMF Publishing LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number <u>L14000003557</u>	iability Company	were filed on 01/08/201	4 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Faura Publishing LLC			
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2231 W 80th Street	
(Principal office address MUST BE A STRE	ET ADDRESS)	D#7	
		Hialeah, FL 33016	
Enter new mailing address, if applicable:		2231 W 80th Street	
(Mailing address MAY BE A POST OFFICE	BOX)	D#7	
		Hialeah, FL 33016	29 102
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her		ords, enter the name of the ne
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	8963 Stirlin	g Road Suite 101	11
		Enter Florida street aa	
	Cooper Cit	<del></del>	, Florida <u>33328</u>
		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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGMR	Josue M. Faura	2231 West 80th Street
		D#7
		Hialeah, FL 33016
MGMR	Josue M. Faura	6625 MIAMI LAKES DRIVE
		STE 243 Remove
		MIAMI LAKES, FL 33014
MGMR	Adriel J. Forbes	2231 West 80th Street
		D#7 ■ Remove
		Hialeah, FL 33016
MGMR	Adriel J. Forbes	6625 MIAMI LAKES DRIVE
		STE 243
		MIAMI LAKES, FL 3301 🛱 🖔
MGMR	Jose O. Faura	6625 MIAMI LAKES DRIVE
	•	STE 243
		6625 MIAMI LAKES DRIVE
		Add
		Remove

e effective date must be specific, cannot be prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and ca the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)  Dated  Signature of a member or authorized representation.	nnot be more than 90 days after

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