(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500335000625

OCT 03 2019 M. SOLOMON



October 2, 2019

COGENCY GLOBAL

SUBJECT: TTS PROPERTY ACQUISITION, LLC

Ref. Number: W19000088022

We have received your document for TTS PROPERTY ACQUISITION, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Cannot file amendment and change name of company from M. Davis Publications, LLC to TTS Property Acquisition, LLC as company was administratively dissolved for not filing the annual report and is currently in "inactive" status.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory-Specialist II Supervisor

Letter Number: 119A00020240



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 October 02, 2019 **KEN HOWELL** Name: 1135516 Reference #:___ M. DAVIS PUBLICATIONS, LLC Entity Name:____ Articles of Incorporation/Authorization to Transact Business / Amendment Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion in original Merger Dissolution/Withdrawal ☐ Fictitious Name GOOD STANDING UPON FILING -Other;--Authorized Amount: \$30.00 Signature:

COVER LETTER

TO: Registration S Division of Co			
	S PUBLICATIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PETER D. BROSSE		
		Name of Person	
	MEYERS ROMAN FRIE	DBERG & LEWIS	
		Firm/Company	
	28601 CHAGRIN BLVD.	Suite 600	
		Address	
	CLEVELAND OH 44122		
		City/State and Zip Code	
	PBROSSE@MEYERSRO	MAN.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
PETER D. BROSSE, E	SQ.	216 831-0042	
Name	of Person	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)
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. DAVIS PUBLICATIONS, LLC		
(Name of the Limited (A	Liability Company as It now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on FEBRE	JARY 20, 2014 and assigned
Florida document number L14000029586		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
TTS PROPERTY ACQUISITION, LLC		
The new name must be distinguishable and contain the words	"I imited Linkillin Company list	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
		* AL *
		
Enter new mailing address, if applicable:		٠
(Mailing address MAY BE A POST OFFICE BOX	2	
_		
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the non
registered agent and/or the new registered office a	ddress here:	- the name of the new
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	u oddress
		, 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 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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fin of	tive date, if other than the date of filing: (optional) (flective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	207 as
e rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
e rec	$\frac{9-38}{2}$	of:
e rec	C = 2 P	of:

Page 3 of 3

Filing Fee: \$25.00