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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Second Division of Con | | | |
|---|---|---|--|
| SUBJECT: | Name of Limit | doice Robised Liability Company | ishing LLC. |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | John | Rangey Name of Person | <u>/</u> |
| | True | Firm/Company | blisking LEC |
| | 1402 | Thurso Rd. Address | |
| | Pastor ran E-mail address: (to | City/State and Zip Code A Sey Huc A o be used for future annual report notifi | 32444 01, Com cation) |
| For further information of | concerning this matter, please ca | 11: | |
| Name o | Lansey of Person | at (850) 527 Area Code Daytime | 7006 Telephone Number |
| Enclosed is a check for t | he 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

TO ARTICLES OF ORGANIZATION **OF**

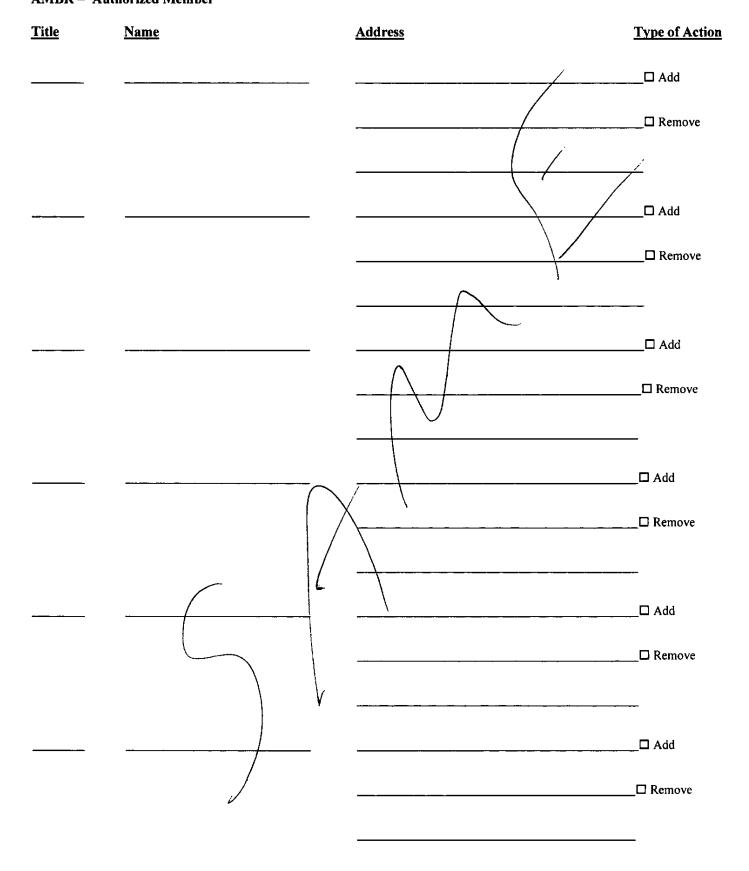
| 1rue 101 | ce Publishing LLC | |
|--|--|------------------|
| (Name of the Limited Liability Comp (A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L/400080</u> 8 | y were filed on May 19, 2014 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: 10100 Publishing LLC. | |
| The new name must be distinguishable and end with the words "Limited Lie | ability 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) | - GAME | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - SAME | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | <u>2W</u> |
| Name of New Registered Agent: | A | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | City, Florida Zip, Çode | |
| New Registered Agent's Signature, if changing Registered Agen | <u>ti</u> | |

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member



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Page 3 of 3

Filing Fee: \$25.00

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