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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Sahno Communications LLC Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filling.							
Please return all correspondence concerning this matter to the following:							
Michael J Sahn							
Sahne Publishing							
1.0. Box 46506							
Address							
Tamps FL 33696							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Michael J Sahno at 813 528-2622 Name of Person Area Code Daytime Telephone Number							
Name of Colors							
Enclosed is a check for the following amount:							
☐ \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILED 2015 OCT 30 PM 12: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as lorida Limited Liabi		r records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000 (388</u>		re filed on	5/2014 and ass	signed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the Schoo Publish. The new name must be distinguishable and contain the words	ning LL		on "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable): _			
(Principal office address MUST BE A STREET A	<i>DDRESS</i>) _			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>-</u> <u>-</u> -	P.O. Bo	x 46506 PL 33646	
B. If amending the registered agent and/or in registered agent and/or the new registered office		address on our	records, <u>enter the name</u>	of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre	net address	
_			, 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 = Manager

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			□ Add		
			□ Remove		
			Add		
			□ Remove		
			Change		
			Add		
			Remove		
			☐ Change		
			☐ Add		
			☐ Remove		
			☐ Change		

			☐ Remove		
			Change.		

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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Effective date, if other than the date of filing: 27/15 (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	605.0207 (3)(b) listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea) The 90th day after the record is filed.	rlier of:
Dated October 27th, 2015.	
Signature of a member or authorized representative of a member Michael Salva Typed or printed name of signee	-

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Filing Fee: \$25.00