

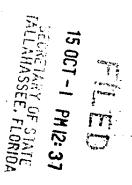
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COVER LETTER

	Registration Sect Division of Corpo				
SUBJEC	Penlight Publ	ishing, LLC			
SUBJEC	1;	Name of Limit	ed Liability Company		
	•				
The enclo	sed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please ret	urn all correspond	ence concerning this matter to	the following:		
		Evelyn Mcdonald Howard			
			Name of Person		,
4		Penlight Publishing, LLC			
7			Firm/Company		,
		1224 River Road			
		<u> </u>	Address		
		Orange Park, Florida 32073			
			City/State and Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
	,	e.mcdonaldhoward@gmail.c			
		E-mail address: (to	be used for future annual repo	ort notification)	
For furthe	r information con	cerning this matter, please cal	1:		
Patty Stil	well		904 626-9 at ()		
•	Name of P	erson	Area Code 1	Daytime Telephone Number	
Enclosed	is a check for the	following amount:			
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &

MAILING ADDRESS:

TO:

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

Penlight 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 January 13, 2015 and assigned Florida document number L15000007037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B.E. SKYWORD PUBLISHING, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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>	Name	Address	Type of Action
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record specifies a do ne 90th day after th	elayed effective date, but not an effective record is filed.	tive time, at 12:01 a.m. on the earlie
9.22 ed	2015	
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Typed or printed name of signee

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