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SECRETARY OF STATE

A. BUTLER APR 1 2 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Alba	Nese Dovelon	ent at Parkla. ited Liability Company	nd IV LLC
The enclosed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Willia	Name of Person	<u> </u>
	Albanese De	retunnent at iPa	erkland IV LLC
	7377 Sto	regate Bluch. Address	· · · · · · · · · · · · · · · · · · ·
	Parkland	Eity/State and Zip Code	076
	E-mail address: (i	City state and Zip Code City State and Zip Code to be used for future annual report notifi	C: /
For further information c	oncerning this matter, please ca		
4) illiam K Name o	Person	at (954) 270 Area Code Daytime	- USSS Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Albanese Nouchan	ent at Parkland 122 the 28 PHG. 25
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company) CECRETALY OF STATE
	TALLAHASSESTATE
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{1-21-2015}{2015}$ and assigned
Florida document number <u>L 15 0000 69 79 9</u>	<u>:1</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
F. A. Publishing LLC	ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
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 registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Villee Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:

New Registered Agent's Signature, ii 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 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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
<u>.</u>			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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(If an effective d Note: If the	te, if other than the date of filing:
the record speci ford is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 28, 2022.
	Signature of a member or authorized representative of a member (). // (() KO) O C () Typed or printed name of signee