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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2019

DEBORA WILDER 10300 49TH ST. N. CLEARWATER, FL 33762

SUBJECT: CENTRAL DIGITAL PUBLISHING LLC

Ref. Number: L15000102936

2019 JUN 17 PM 5: 10

We have received your document for CENTRAL DIGITAL PUBLISHING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00010411

www.sunbiz.org

COVER LETTER

MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		
Enclosed is a check for th ☐ \$25.00 Filing Fee	se following amount: \$\forall \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
Name o	reison	Area Code Daytime	: Telephone Number		
Debora L Name o	11 der	at(727) 466-9	575	-	
To rather information e	oncertning this matter, please co	ati.			
For further information c	oncerning this matter, please c		reactor)		
	<u>debothewld</u>	Utame). Com to be used for future annual report notif	leation)	_	
		City/State and Zip Code		5: 10	
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		Firm/Company		2019	
	The Wild	٥٠ (سه ٥			
		Name of Person			
	D.1 . 1	VI 1-0			
Please return all correspo	indence concerning this matter	to the following:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
SUBJECT: _O()	Name of Lim	ited Liability Company			
SUBJECT: CENT	al Digital Pul	olishm 11C			
TO: Registration Se Division of Cor					

X

MAILING 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

	Blog LLC any as a now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\5000\02936</u> .	were filed on June 12, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	300 Boach Dr NE Apt. 207 St. Petersbug, FL 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 Beach Dr NE Apt 201 = =================================
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 300 Bea	Enter Florida street address Sbug. Florida 33701
St. Peters	Sburg, Florida 3370\ Ziv Ziv Code
Nav Projetorad Agentle Signature if shouling Desistand Agent	

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>	<u>Address</u>	Type of Action
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Effective date if	other than the date of	filing:		(option	al)		
(If an effective date is I	isted, the date must be special serted in this block does	fic and cannot be prior	to date of filing or more	than 90 days after fil	ing.) Pursu	ant to 60: ot be list	5.0207 (3 ed as th
document's effective	ve date on the Departmen	it of State's records.					
the record specif	fies a delayed effect after the record is f	ive date, but not	an effective tim	e, at 12:01 a.r	n. on th	e earli	er of:
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Filing Fee: \$25.00