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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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2016 JAN 22 PM 1:02 SEURETARY OF STATE ALLAHASSEF, FLORIG:

> K.SALY EXAMINER JAN 26

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|---|
| OLID I | D.C.T. | COMIC | SPEOPLE LLC | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The e | nclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | e return all correspo | ndence concerning this matter | to the following: | |
| | • | | SANTE VINCENZI | |
| | | | Name of Person | |
| | | В | USINESS ASSISTANCE INC. | |
| | | <u> </u> | Firm/Company | |
| | | 13499 BI | SCAYNE BOULEVARD STE TS- | 1 |
| | | | Address | |
| | | 1 | NORTH MIAMI, FL, 33181 | |
| | | 4. 14. | City/State and Zip Code | |
| | | | usinessassistance@gmail.com | |
| | | | to be used for future annual report notif | ication) |
| For fu | rther information c | oncerning this matter, please ca | all: | |
| | SANTE V | INCENZI | 305 342-1242 | |
| | Name o | f Person | at () Area Code Daytime | e Telephone Number |
| Enclo | sed is a check for tl | ne following amount: | | |
| = \$2 | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| | FIL | E | 14 |
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| ISO LAH | ISSEE, | PST. FLO | 47.5. 27.5. |

| | | LUIS JAN 2 |
|---|--|----------------------------------|
| | COMICSPEOPLE LLC | 317 CZ PM 1. 2 |
| (<u>Name of the Limited Liab</u> (A Flor | COMICSPEOPLE LLC ility Company as it now appears on our record ida Limited Liability Company) | STATISTICS PM 1:02 |
| • | | SEE, FLOORE |
| The Articles of Organization for this Limited Liability | Company were filed on JUNE 15, 2015 | and assigned |
| Florida document numberL15000103897 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LL | .C. or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or reg | gistered office address on our record | ds, enter the name of the r |
| registered agent and/or the new registered office ac | ldress here: | |
| | | |
| Name of New Registered Agent: | | |
| New Productored Office Address: | · | |
| New Registered Office Address: | Enter Florida street addr | ess |
| | E | 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| Effective date, if other than t | he date of filing: | | (4 | optional) | |
| (If an effective date is listed, the date r Note: If the date inserted in this | nust be specific and cannot | | ing or more than 90 days | after filing.) Pursuant to 60: | |
| document's effective date on the | | | .,g.requirements | , mb date vim net be not | .• |
| the record specifies a delay The 90th day after the r | | out not an effe | ctive time, at 12: | 01 a.m. on the earli | ier of: |
| JANUARY 18 Dated | 201 | 6 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00