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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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MAY 23 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bird Publications LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
James J. Bird
Rird Publications Firm/Company
1550 NE CLEAN BLVd. #B205 Address
Stuart FL 34996 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Jawl
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution}\$\$ \$30.00 Filing Fee \$\times \text{Certificate of Status}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$60.00 Filing Fee, \$\times \text{Certified Copy}\$\$\$ \$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

Rird Publicat	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 1 L 0 00 0 / 58</u> .28	were filed on $\frac{1/22/20/6}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	ations LLC
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)	P.O. Box 3423 Stuart F434995
B. If amending the registered agent and/or registered off 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 Designation of Agent's Circustone if shanging Designand Agents	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			
			□ Remove
			☐ Change
— Paragraphy — Paragraphy			A Pomove
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n effe te:	ve date, if other than the date of filing: One of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing bursuage 605.00 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	/ 1
ted _	5/19/2017
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Page 3 of 3

Filing Fee: \$25.00