

L16000041459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700288311577

08/08/16--01029--014 \*\*25.00

2015 AUG -8 P 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 09 2015  
BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tekinā Publishing 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:

John J. Kabboard  
Name of Person

John J. Kabboard, Jr. PA  
Firm/Company

1980 N. Atlantic Avenue, Ste 801  
Address

Cocoa Beach FL 32931  
City/State and Zip Code

john@kabboard.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Kabboard at (321) 799-3388  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED  
2010 AUG -8 P 10 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Tekina 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 2/22/10 and assigned  
Florida document number L120000411459

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

FILED  
2010 MAR -8 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

|      |                 |                                                              |                                                                            |
|------|-----------------|--------------------------------------------------------------|----------------------------------------------------------------------------|
| AMBR | Whitney Baldwin | correspondence through registered agent address (cover page) | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|------|-----------------|--------------------------------------------------------------|----------------------------------------------------------------------------|

☐ Remove☐ Change☐ Add☐ Remove☐ Change

 Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ **Change**☐ Add☐ Remove☐ Change

FILED  
2016 JUN - P 21  
☒ Add  
☒ Remove  
☒ Change  
SOCIETY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2019 AUG - 8 P 4  
SECRETARY OF ST  
TALLAHASSEE, FL

FILED  
2019 AUG -8 P 4:21  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee