216000050123

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AND ASSECT FLORIDA

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COVER LETTER

	ation Secti n of Corpo		·		
GL	JNALMAN	IAC.COM, LLC			
Name of Limited Liability Company					
The enclosed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all	correspond	ence concerning this matter	to the following:		
		CHARLES COOKE			
			Name of Person		
		GUNALMANAC.COM, L	TC		
			Firm/Company		
		523 W. LYON FARM DRI	VE		
			Address		
		GREENWICH, CT. 06831			
			City/State and Zip Code		
		charles@eticketpublishing.c	•		
		E-mail address: (to be used for future annual report notificati	on)	
For further infort	mation con	cerning this matter, please ca	all:		
CHARLES COO	OKE		518 6189806		
	Name of Po	erson		ephone Number ALL AH	רד־
Enclosed is a che	eck for the	following amount:		HASS.	
□ \$25.00 Filing	g F ee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filting Fee, Certificate of Status & Certified Copy (additional Copy) is enclosed)	

TO:

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUNALMANAC.COM, LLC		
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number L16000050123.	y Company were filed on March 10, 2016	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
E-TICKET PUBLISHING, LLC		
he new name must be distinguishable and contain the words "L	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 AD	DRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the m
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	
	City , Florida	7 Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	$\frac{1}{2}$ ω

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>	Address	Type of Action
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ective date, if other than the date of n effective date is listed, the date must be speci te: If the date inserted in this block does cument's effective date on the Departmen	not meet the applic	able statutory fil	more than 90 days aft ing requirements, th	er filing.) Pursuant to his date will not be	605.020 listed a
record specifies a delayed effect he 90th day after the record is f	ive date, but no îled.	et an effective	time, at 12:01	a.m. on the ea	rlier (
red FEBRUARY 5	2017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00