

L17000121003

To: Florida Department of State Page 1 of 5

2017-10-02 15:22:58 (GMT)

15615846859 From: Katz Baskies & Wolf PLLC

10/2/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000258640 3)))



H170002586403ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KATZ BASKIES LLC
Account Number : I20080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: thomas.katz@katzbaskies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGAZINES FOR ALL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 OCT -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -2 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

OCT 03 2017

H17000258640 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Magazines For All 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:

Thomas O. Katz

Name of Person

Katz Baskies & Wolf PLLC

Firm/Company

3020 North Military Trail Suite 275

Address

Boca Raton, FL 33431

City/State and Zip Code

thomas.katz@katzbaskies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O. Katz

at (561) 910-5700

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

H17000258640 3

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

H17000258640 3

Magazines For All 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 06/20/2017 and assigned
Florida document number L17000121003

This amendment is submitted to amend the following:

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

Magazine Franchising LLC

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)

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

City, Florida 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. Original 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

H17000258640 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT-2 2017
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H17000258640 3

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

1

K. 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 October 2, .. 2017

Signature of a

Signature of a member or authorized representative of a member

Thomas O Katz Representative

Typed or printed name of signee

FILED
17 OCT -2 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA