L17000 209 110

/Po	questor's Name)	
(Ne	questor's ivame)	
		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·		
Certified Copies	Certificates	s of Status
	_	
		
Special Instructions to	Filing Officer:	





000305012820

10/30/17--01030--013 **25.00

17 00T 30 AMH: 06 Musick Green

OCT 3 i 7017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Montesacro 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:
Dubrazka Graterol Name of Person
Name of Person Fign/Company
8111 Nw 53rd st. 359
Doral / 33166 City/State and Zip Code Dubrazkagraterol@gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dubrazka Graterol at 786, 4836144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \text{\$\sum_{30.00}\$ Filing Fee & Certificate of Status} \text{\$\sum_{355.00}\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\sum_{60.00}\$ Filing Fee, 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

Montesacro	Publishing LLC
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on $10/09/2017$ and assigned 110
This amendment is submitted to amend the following	g;
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 AD	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	iddress 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 Regist	ered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dubrazka Graterol	8111 Nw 53rd st, Doral	🛛 🗸 Add
		33166, FL	🗆 Remove
			Change
			🗆 Add
			Remove
			Change
			Add 7 Remove 1
			Change Add
			Change
			D Add
			Remove
			Change
			Add
			Remove
			☐ Change

	 					
•						
			·			
						
				·		
			_	<u>-</u>		
			_,		- Park	
				<u>.</u>		7 <u>0</u> 0
					<u></u>	T 30
						
					~ .	<u>A</u>
						_
	, , <u> </u>					
-				· <u></u>		
ective date, if o	ther than the date ted, the date must be sp	of filing:	0/24/2	017 (optional)	(D£ D2
te: If the date ins	erted in this block do date on the Departn	es not meet the	applicable statutory			
Ament's enective	date on the Departit	iem of State sie	cords.			
	es a delayed effe ofter the record is		ut not an effect	ive time, at 12:	01 a.m. on the	e earlier
ne soul day a	iter the record is	· med.				
	2411	<u>1. 20</u>	17			
ned Octol	<u> </u>					
ted Octol	<u> </u>	ture of a member of	21			

Page 3 of 3

Filing Fee: \$25.00