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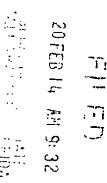
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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Sect Division of Corpo						
SUBJEC	т.	STORY 800K PURYSHING UC Name of Limited Liability Company					
3 <b>020</b> 110		Name of Lim	ited Liability Company				
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspond	dence concerning this matter	to the following:				
		Lisa	LEPICS	<u> </u>			
			Name of Person				
		Dicks 4	HARTEN P.A. Firm/Company	<del></del>			
			_				
		520 N. ORLAN	130 AVE #2, Address				
		WINTER PARA	L FL 32789 City/State and Zip Code				
		LISA @ DH	AGENCIA COM				
		E-mail address: (	ASSAULY, COM to be used for future annual report notification	on)			
For furthe	er information con	cerning this matter, please ca	all:				
Lis	sa Kepics		at (407) 215-7564	<del>l</del>			
	Name of I	Person	Area Code Daytime Tel	ephone Number			
Enclosed	is a check for the	following amount:					
\$25,0	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 Se	ection	Street Address: Registration Section	n			
	Division of Co		Division of Corpora				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Publishae UC
( <u>Name of the Limited Linbility</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L17000 25 39 34	ompany were filed on and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
FULL COURT PRESS LLC	
he new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
ymopar oppose war on the one of the original origin	
nter new mailing address, if applicable:	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	
	<u> ဆိုက် ယ</u>
	<i>≱</i> .
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

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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			□Remove
			□Change
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Effective	date, if other the	an the date of f	īling:	1.12.20		(optional	<b>)</b>	
lfan effecti	ve date is listed, the d the date inserted in	late must be specifi	c and cannot be pri	or to date of filing		days after filing	g.) Pursua	
	's effective date on				ming requiren	icins, this day	e will no	it be fister
e record sp rd is filed.	pecifies a delayed e	effective date, but	t not an effective	time, at 12:01	a.m. on the earl	ier of: (b) T	he 90th	day after
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Dated	FEBRUARY	12	2020					
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