## 118000031719

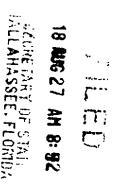
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Full Proof	Editing LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jackie Papandrew			
		Name of Person		
	Full Proof Editing LLC			
	<del></del>	Firm/Company		
	14422 Bay Hills Drive			
		Address		
	Largo, FL 33774			
	papandrewj@gmail.com	City/State and Zip Code		18 MAS 27
	E-mail address: (	to be used for future annual report noti	fication)	27
For further information of	concerning this matter, please c	all:		F 3
Jackie Papandrew		727 424-5301		# 8: 92 F S IAI
Name c	of Person	Area Code Daytim	e Telephone Number	2 N
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	en eations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Full Proof Editing LLC				
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Florida document number L18000031719	Company were filed on <u>02/05/2018</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
JMP Publishing LLC				
The new name must be distinguishable and contain the words "Li-	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	<del>- 8</del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ASSEE. FLORIDA	27 27 6: 42		
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, <u>enter t</u> <u>dress here</u> :	he name of the ney		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
, Florida				
<del></del> -	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

. 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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Remove
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(If an effe <u>Note:</u> I	re date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earli	er of:
Dated _	Aug 23 . 2018.		
	Signature of a member of authorized representative of a member		
	Jackie PAPANDREW Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00