## 118000059283

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2019 HAR -8 P \* 17
SECRETARY OF STATE
AND THE STATE OF STATE

MAR 1 9 2019 T. LEMIEUX

## **COVER LETTER**

SUBJECT:	Fiction 101,	LLC		
SUBJECT		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
•		dence concerning this matter t	_	
•		Richard L. Brooks II		
		St. Augustine Law Gorup. I	Name of Person P.A.	
Firm/Company 320 High Tide Drive, STE. 101				
		St. Augustine, Fl. 32080	Address	
		rich@staugustinelawgroup.c		
For further ir	nformation co	E-mail address: (to ncerning this matter, please ca	o be used for future annual report notificall:	ation)
Julia Newtor	1		904 990- 7777 at ( )	
	Name of	Person		l'elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section Division of Corporations** 

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

FILED

SECRETARY OF STATE

Ficiton 101, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records HAR -8 P 3 17
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	vere filed on 03/06/18	AULAHASSEE and Assigned
Fiorida document number L18000059283		• •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del>_</del>
B. If amending the registered agent and/or registered off	ice address on our r	ecords, enter the name of the nev
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	, Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	-	

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Danielle Brodersen	530 Anderson Street St. Augustine, FL 32084	<b>≣</b> Add
			□ Remove
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E. Effective	date, if other tha	n the date of filing	;:		(optional)	
Note: If	the date inserted in t	ate must be specific and this block does not me the Department of St	neet the applicable	ate of filing or more the statutory filing req	an 90 days after filing.) P uirements, this date wi	ursuant to 605.0207 (3)(b II not be listed as the
	rd specifies a de Oth day after the		ate, but not a	n effective time	, at 12:01 a.m. or	the earlier of:
Dated	arch 7th		2019			
Dated			. ——			
	// /a	Signature of a n	A Honnermber or authorize	acy in Fact	member	
	Richard L. Brooks	ill, Esq.				

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Typed or printed name of signee

Filing Fee: \$25.00