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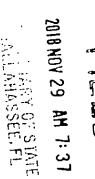
(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Special Instructions to Filing Officer:				
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C. GOLDEN

DEC - 5 2018

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	In the Wood	ls Publishing, LLC		
SOBJECT		Name of Lin	nited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing	
		ndence concerning this matter	-	
r rease return	an correspon	idence concerning this maker	to the following.	
		Denise Wood		
			Name of Person	
Firm/Company 1400 Tallwood Ave., #307				
	Address Hollywood, Fl. 33021 City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please co	all:	
Denise Wood	Ĺ		954 224-8928	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e 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

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 ARTICLES OF ORGANIZATION **OF**

FILED

2018 NOV 29 AM 7: 37

In the Woods Publishing, LLC

(Name of the Limited Liability Company as it now appears on our records.)

Side was COF STATE

(A Florida	Limited Liability Company)	IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/18/2018	and assigned
Florida document number L18000269287	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Within the Woods Publishing, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our recordess here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	emer r wruu sireet qaare	233
		lorida
New Registered Agent's Signature, if changing Registered	City:	zip Code
ven versieren Agent's Signature, it enanging Registeren	. 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:

or 'remoyed f	rom our records:		
MGR = Ma AMBR = Au	anager othorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			Change
			Add
			□ Pomovo

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n nom							
Note: If the	tate, if other the e date is listed, the d e date inserted in effective date or	this block does i	not meet the app	plicable statutor	ng or more than 90 ry filing requiren	(optional) days after filing.) Pur- tents, this date will	suant to 605.0207 (3) not be listed as the
f the record b) The 90t	specifies a de h day after th	elayed effections le record is fil	ve date, but led.	not an effec	tive time, at	12:01 a.m. on t	he earlier of:
Nove	ember 25		2018				
Dated				· ·			
	110						
_		Signature	of a member or a	uthorized represe	ntative of a member	<u> </u>	
		-		,			
1	Denise Wood						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00