

LI90000 89125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

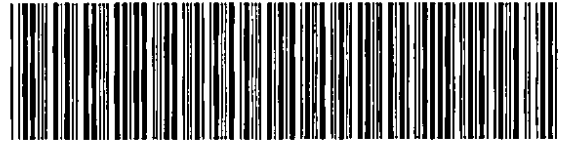
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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01/17/20--01016--016 \*\*42.75

2020 MAR 30 PM 2:49  
FILED  
MAR 30 2020

U.S. DEPT. OF JUSTICE

MAR 30 2020



2020 FEB 30 AM 11:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2020

SENOVIA THOMAS  
931 VILLAGE BLVD  
STE 905278  
WEST PALM BEACH, FL 33409

SUBJECT: READ RIGHT, LLC  
Ref. Number: L19000089125

We have received your document for READ RIGHT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 420A00003185

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: READ RIGHT

DOCUMENT NUMBER: L19000089125 FEIN# 83-1212209

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

% Senovia-R. Thomas, Executor/Beneficiary  
Name of Contact Person

UTM PUBLISHING, LLC  
Firm/ Company

non-domestic, non-resident % 931 VILLAGE Blvd Ste 905278  
Address

WEST PALM BEACH, Florida Republic within America [EXEMPT] without US  
City/ State and Zip Code BMM 602. 1.32(2)

noire.matter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Senovia-R. Thomas, without Prejudice 1744(1) at ( 561 ) 577 4147  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

UTM PUBLISHING, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

N/A

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Di'Jhane Turner	931 VILLAGE Blvd.	<input checked="" type="checkbox"/> Add
		Ste 905278	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change
AMBR	Senovia Thomas		<input checked="" type="checkbox"/> Add
		Same as Above	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		1800 N. Congress Ave B101	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Same as Above	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 MAR 30 PM 2:49

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 12, 2020.

Senovia R. Thomas Authorized Representative  
Signature of a member or authorized representative of a member  
UCC# 261908731651 EXP: 6-5-2024

Senovia R. Thomas

Typed or printed name of signer