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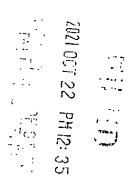
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A. BUTLER NOV 03 2021

COVER LETTER

	Registration Se Division of Cor			
aun mæ		S PRESS LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		JEFFREY CUMMINGS		
			Name of Person	
		FREE KIDS PRESS LLC		
			Firm/Company	
		2220 COUNTY ROAD 2	10 WEST SUITE 108 PMB#260	
			Address	
		JACKSONVILLE FL 322	59	
			City/State and Zip Code	
		JEFFBASSGUY@GMAIL	.COM to be used for future annual report noti	Cartion)
For furthe	r information c	oncerning this matter, please c		meadony
JEFFREY	CUMMINGS		904 392-8472 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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 Addres		Street Address:	ction
	Registration S Division of C		Registration Se Division of Cor	
F	P.O. Box 632	.7	The Centre of T	Tallahassee
7	lallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE KIDS PRESS LLC

2021 OCT 22 PH 12: 35

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 15 2021 Elionida document number 1.19000212465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevion of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2220 COUNTY ROAD 210 WEST SUITE 108 PMB#260	i ⁻¹ . and assigned			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent:				
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Name of New Registered Agent:	the new registere			
2220 COLINTY DOAD 210 WEST SHITE 108 DMD#260				
2220 COLINTY DOAD 210 WEST SHITE 108 DMD#260				
Now Registered Office Address: 2220 COUNTY ROAD 210 WEST SUITE 108 PMB#260				
	Enter Florida street address			
JACKSONVILLE , Florida 32259 City 2				
City	lip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.	iliar with and			
	d liability			

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>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□Remove
			Change
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If an effect Note: If	e date, if other that tive date is listed, the date it the date inserted in t nt's effective date on	te must be specific a his block does not	nd cannot be prior meet the applic	to date of filing or able statutory fi	r more than 90 days at	otional) fler filing.) Pursuant to this date will not be	605.0207 listed as
e record : rd is filed	specifies a delayed ef d.	fective date, but no	ot an effective t	me, at 12:01 a.r	n. on the earlier of:	(b) The 90th day	after the
Oated _	OCTOBER 15		2021				
	Jeffrey (Cummings	<u> </u>		ive of a member		_
	000	Signature of	a member or auth	onzed representat	ive of a member		

Filing Fee: \$25.00