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CAPITAL CONNECTION, INC.

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SOUTH FLORIDA P	UBLISHING	LLC		
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COVER LETTER

TO:

Registration Section
Division of Corporations

	FLORIDA PUBLISHING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	EMANUELLE OLIVEIRA	4	
	,	Name of Person	
	CSG CAPITAL SERVICE	ES GROUP INC	
		Firm/Company	
	1191 E NEWPORT CENT	TER DR SUITE 103	
		Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	· · · · · ·
	EMANUELLE@THEWAY	YGROUP.BIZ	
	E-mail address: (to be used for future annual report not	iification)
For further information	concerning this matter, please of	all:	
ЕММА		954 427.4770 at ()	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 MAY 20 ATT 9: 28

SOUTH FLORIDA PUBLISHING LLC

(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 vi Florida document number	vere filed on <u>03/17/2020</u>	and assigned
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 Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
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 ac agent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		
The strength of the strength o	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, an covided for in Chapter 605, 1	d I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address 2020 MAY 20 Ail o	9: <u>Type of Action</u>
AMBR	ANDERSON CATAPAN	1191 E NEWPORT CENTER DR STE 103	□Add
		DEERFIELD BCH, FL 33442	≡ Remove
			DChange
			□Add
			□Remove
			□ Change
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			□Remove
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03/17/2020)			
tive date, if other than the date of filing:	r to date of filing or	more than 90 days aft	tional) ter filing \ Pursuant to 605 (
: If the date inserted in this block does not meet the applic	cable statutory fil	ling requirements, th	his date will not be listed	
ment's effective date on the Department of State's records	i.			
ord specifies a delayed effective date, but not an effective tifiled.	ime, at 12:01 a.n	n. on the earlier of:	(b) The 90th day after	
05/20/2020				
<u> </u>	<u> </u>			
1º Market				
Signature of a member or auth	orized representat	ive of a member		

Filing Fee: \$25.00