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COVER LETTER

TO:

Registration Section

Biv	ision of Co	rporations		
CUBIECT.		blishing, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Denise J. Connell		
			Name of Person	
		Connell Publishing, LLC		
			Firm/Company	
		5764 N. Orange Blossom	Trail, Suite 61175	
			Address	
		Orlando, FL 32810		
			City/State and Zip Code	
		denise@theapopkavoice.co		
For further in	formation c	e-man address: (oncerning this matter, please c	to be used for future annual report n	otification)
		oncerning and matter, preuse e		
Denise J. Co.		Name of Person Area Code Daytime Telephone Number		
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address:	Cuation	
_		orporations	Registration S Division of C	
P.O	. Box 632	7	The Centre of	Tallahassee
Tall	ahassee, F	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Connell Publishing, LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{0.4/17/2020^{2}}{10.000}$ S Florida document number 85-0719554 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5764 N. Orange Blossom Trail Enter new mailing address, if applicable: Suite 61175 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32810 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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>	<u>Address</u>	Type of Action
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