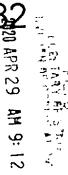
(Requestor's Name)
(Address)
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04/29/20--01013--009 \*\*25.00



## **COVER LETTER**

	istration Sec ision of Corp				
0110 10 CO	Metro News of Treasure Coast LLC  Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Leeman Taylor			
			Name of Person		
			Firm/Company		
		2545 Palm Drive NE			
			Address		
		Winter Haven, FL 33881  City/State and Zip Code			
		taylor2545@gmail.com  E-mail address: (to be used for future annual report notification)			
For further in	nformation ec	oncerning this matter, please ca		meauon	
Leeman Tay	lor		863 223 5076		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is	check for th	e following amount:			
<b>■</b> \$25.00 I	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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro News of Treasure Coast LLC

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

	bility Company were filed on 04/22/2020	and assigned
Florida document number L20000109153	<u></u> •	2020 2020
This amendment is submitted to amend the follow	wing:	APR 2
A. If amending name, enter the new name of t		9 AH
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	~ ,
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>OX</i> )	
B. If amending the registered agent and/or reg agent and/or the new registered office address		enter the name of the new register
Name of New Registered Agent:		
	Enter Florida street	
Name of New Registered Agent:		
Name of New Registered Agent:		address , Florida Zip Code
Name of New Registered Agent:	City	

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
MGR	Leeman Taylor	2545 Palm Drive NE	<b>≣</b> Add
		Winter Flaven, FL 33881	Remove
			Change
AMBR	Deborah Thompson	1831 1st St. N Suite C	□Add
		Winter Haven, FL 33881	
			■Change
			□Add
			Remove
			Change
		<del> </del>	Remove
			☐ Change
			Remove
			□Change
			□Add
			□Remove
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If an eff Note:	ve date, if other than the date of filing:
e recor	I 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 ed.
Dated	April 27 . 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Let man Tay/u/  Typed or printed name of signee

Filing Fee: \$25.00