

L 20 000 109153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

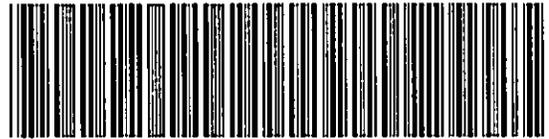
(Business Entity Name)

(Document Number)

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2020 JUL 12 AM 7:12

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JUL 02 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metro News of Treasure Coast LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 information concerning this matter, please call:

Leeman Taylor at (863) 223-5076
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

FILED
2020 JUL 12 AM 7:42

The Articles of Organization for this Limited Liability Company were filed on 04/22/2020 and assigned
Florida document number L 20000109153.

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 "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 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

Florida

City

Zip 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 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.

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> |
|--------------|---------------------------|--|--|
| <u>AP</u> | <u>Shirley A Price</u> | <u>2545 Palm Dr. NE</u> | <input type="checkbox"/> Add |
| | | <u>Winter Haven, FL 33881</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Leeman Taylor Jr.</u> | <u>2545 Palm Drive NE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Winter Haven, FL 33881</u> | <input type="checkbox"/> Remove |
| | | <u> </u> | <input type="checkbox"/> Change |
| <u>AP</u> | <u>Charlie F Matthews</u> | <u>P.O. Box 4089</u> | <input type="checkbox"/> Add |
| | | <u>Fort Pierce, FL 34948</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Deborah Thompson</u> | <u>1831 1st St. N Suite C</u> | <input type="checkbox"/> Add |
| | | <u>Winter Haven, FL 33881</u> | <input checked="" 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 |

