L20000203650

(F	Requestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			••
SUBJE		PUBLISHING HOUSE L.L.C.		
SUBJE	C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Mariana Godinez		
			Name of Person	
		TINICITI PUBLISHING I	HOUSE L.L.C.	
Please return al			Firm/Company	
		1200 Brickell Bay Drive U	Init 1815	
			Address	
		Miami., FL 33131		
		mariana@tiniciti.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please co	all:	
Mariana	ı Godinez		305 7664276	
•	Name of	f Person		e Telephone Number
Enclosed	d is a check for th	e 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	۲,	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

TINICITI PUBLISHING HOUSE L.L.C.		
(Name of the Limited Link (A Flor	ollity Company as it now appears on our records ida Limited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Florida document number L20000203650	Company were filed on 06/29/2020	and assigned
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
		2073
Enter new mailing address, if applicable:	 -	
(Mailing address MAY BE A POST OFFICE BOX)		
		P*!
		-1
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new regis
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		orida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Mariana Godinez	1221 BRICKELL AVE R18 MIAMI, FL 33131	🗆 Add
			🖸 Remove
			≘ Change
MGR	Mariana Godinez	1221 BRICKELL AVE R18 MIAMI, FL 33131	= Add
			□ Remove
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗀 Add
		 	□Remove
			Change

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Filing Fee: \$25.00