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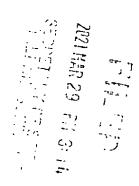
(Re	equestor's Name)	
(Ac	ddress)	-
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(Ci	ty/State/Zip/Phone	 e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



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COVER LETTER

TO:

TO: Registration Division of C			
EAGLES SUBJECT:	IDE KINDLE DIRECT PUBLI	BLISHING, LLC	
3000EC1	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LOVED CERANT		
		Name of Person	
	EAGLESIDE KINDLE D	RECT PUBLIBLISHING, LLC	
		Firm/Company	
	11225 OAKSHORE LAN	E	, ~
		Address	<u> </u>
	CLERMONT FLORIDA	34711	20
		City/State and Zip Code	
	LOVEDCERANT0@GMA	.IL.COM to be used for future annual report notification)	
For further information	concerning this matter, please o	·	
LOVED CERANT		407 4807618	
	of Person	at () Area Code Daytime Telephor	ne 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 Addr Registration Division of P.O. Box 61 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Li	ability Company	were filed on 07/14/2020	and as	signed		
Florida document number L20000204072	·					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
EAGLESIDE QUALITY PUBLISHING, LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility 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)		11225 OAKSHORE LANE				
		CLERMONT, FLORIDA 34711				
			+ 5-3			
				- 3		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11225 OAKSHORE LANE		_ ;		
		CLERMONT, FLORIDA 34711				
			1 13	7.		
			- 1			
3. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, enter the	name of the ne	w registe		
gent and/or the new registered office address	s nere:					
Name of New Registered Agent:	LOVED CERA	ANT				
New Registered Office Address:	11225 OAKSH	IORE LANE				
		Enter Florida street address				
	CLEDMONT		24711			

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.

Cav

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>	Name	Address	Type of Action
AMBR	FRANCILE CERANT	11225 OAKSHORE LN CLERMONT, FL 34711	□Add
			=Remove
			□Change
			□Add
			□Remove
			□Change
		; ti	Remove
			Benange
		· .	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

AND TO REMOVE THE NAME OF F	RANCILE CERAN'	las assistant	MANAGER		
THE OLD NAME IS EAGLESIDE KIN	NDLE DIRECT PUE	BLISHING, LLC			
THE NEW NAME IS EAGLESIDE QU	JALITY PUBLISHE	NG, LLC	· · · · · · · · · · · · · · · · · · ·		
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tive date, if other than the date of fil	ling: 03/22/2021		(optional)		
Tective date is listed, the date must be specific. If the date inserted in this block does not properly affective date are the Department.	it meet the applicabl	date of filing or more e statutory filing re	than 90 days after filing.] equirements, this date	Pursua will no	nt to 60: t be list
nent's effective date on the Department o	n State's records.				
rd specifies a delayed effective date, but a iled.	not an effective time	, at 12:01 a.m. on	he earlier of: (b) The	e 90th (day afte
MARCH 22	2021	· 4 .			
		$\mathcal{A} / \mathcal{L}$			

Typed or printed name of signee