

L20 000209539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

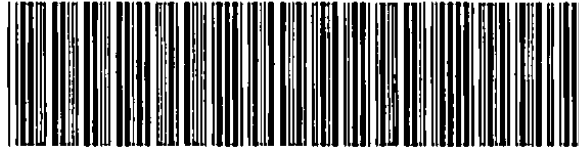
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



000357861280

01/28/21--01004--015 \*\*25.00

FILED  
2021 JAN 28 AM 9:32  
FBI - NEW YORK

R. 3/13/21

Registration Section  
Division of Corporations

T:

**THE ORLANDO LOCAL NEWS, LLC.**  
Name of Limited Liability Company

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

urn all correspondence concerning this matter to the following:

**MARSHALL POLSTON**

Name of Person

**THE ORLANDO LOCAL NEWS, LLC.**

Firm/Company

**7512 Dr. Phillips Blvd Suite 50-764**

Address

**Orlando, FL 32819**

City/State and Zip Code

**CONTACT @ LOCALNEWSORLANDO.COM**

E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

**MARSHALL POLSTON**

Name of Person

at ( **407** )

Area Code

**404-0160**

Daytime Telephone Number

is a check for the following amount:

☐ \$0 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

TO  
ARTICLES OF ORGANIZATION  
OF

**THE ORLANDO LOCAL NEWS, LLC.**

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

Articles of Organization for this Limited Liability Company were filed on 07/20/2020 and assigned document number L20000209539.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable: 7512 Dr. Phillips Blvd Suite 50-764  
Orlando, FL 32819  
(office address MUST BE A STREET ADDRESS)

Mailing address, if applicable: 7512 Dr. Phillips Blvd Suite 50-764  
Orlando, FL 32819  
(address MAY BE A POST OFFICE BOX)

Changing the registered agent and/or registered office address on our records, enter the name of the new registered agent or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

2020 JUL 20 9:32 AM

ed from our records:

Manager  
= Authorized Member

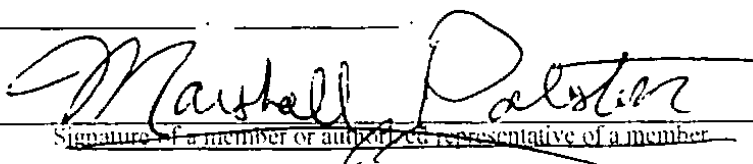
<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MARSHALL POLSTON</u>	<u>7512 Dr. Phillips Blvd #50-764</u>	<input type="checkbox"/> Add
	<u>Orlando, FL 32819</u>	<input type="checkbox"/> Remove
	<u></u>	<input checked="" type="checkbox"/> Change
<u>FRANCISCO GONZALEZ</u>	<u>1594 Common Way Rd #302</u>	<input type="checkbox"/> Add
	<u>Orlando, FL 32814</u>	<input type="checkbox"/> Remove
	<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
	<u></u>	<input type="checkbox"/> Remove
	<u></u>	<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 01/26/2021 (optional)  
If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
applicant's effective date on the Department of State's records.

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  
1.

01/26/2021

  
Signature of a member or authorized representative of a member

MARSHALL POLSTON

Typed or printed name of signee