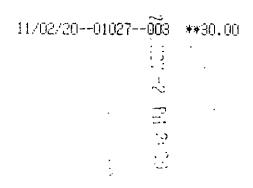
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
subject: <u>BY</u>	Sy Publish	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	aman	Ida Jessup Name of Person	
	BUSY	Publishing Firm/Company	
	P.O. Box	4638 Address	
	Fort law	dardale, FL 3	3338
	a Jessup 7 E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
amanda I	Tessup	<u>ar (305, 283</u>	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		District of Co.	

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Busy Publis	shing LLC
(A Florida I	Company a it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2060257</u>	ompany were filed on $8/20/20$ and assigned $702$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
	.:
Enter new mailing address, if applicable:	.3
(Mailing address MAY BE A POST OFFICE BOX)	100
	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
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 Title Name Address Type of Action Mary Weiner 14321 S Dixiethy DAGG Migmi, FL 33176 Kremove ar Skphenjessyp 14321 S Dixie thy DAdd Miami, FL 33176 Kremove managing member amanda Jessup 14321 S Dixiettuy (MGRM) Migmi, FL 33176 Bremove Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change Remove

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`an effective <u>Vote:</u> If the	ate, if other than the date date is listed, the date must be a date inserted in this block effective date on the Depar	specific and ca does not me	annot be prior to dat et the applicable s	e of filing or mo statutory filing	re than 90 days a	otional) fter filing.) Purs this date will	suant to 605,0205 not be listed as
record spe I is filed.	cifies a delayed effective da	te, but not ar	n effective time, a	t 12:01 a.m. o	n the earlier of	(b) The 90ι	h day after the
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