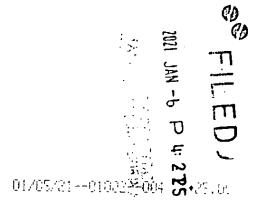
## 120000328436

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
16/21

Office Use Only



900357175469



2023 JAH - 4 PH 4: 11

JAN 0 7 2021 D CONNELL



January 5, 2021

FLORIDA CAPITAL COURIER

SUBJECT: ALJ2 PUBLISHING HOUSE, LLC

Ref. Number: L20000328436

We have received your document for ALJ2 PUBLISHING HOUSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 of the Amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 921A00000083

www.sunbiz.org

Division of Communities D.O. DOV COOT Wellaharen Florida 2001

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARÉ DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Business Name & Document N	(OFFICE USE ONLY) umber, (if known):
1. ALJ2 Publishing House, L	LC
Name	Document Number (if known)
_x_ Walk in	Will wait
Certified Copy of the Articles Certificate of Status	s of Organization
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC OTHER	X AmendmentResignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal ConversionMerger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign FilingLimited Partnership Reinstatement
Fictitious NameStatement of AuthorityAPOSTIL ()COUNTRY	Trademark Other

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

	tegistration Sec Division of Corp			
		hing House, LLC		
SUBJEC	r:	Name of Lim	nited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please rett	ım all correspor	ndence concerning this matter	to the following:	
		Amanda L. Jones		
			Name of Person	-
		ALJ2 Publishing House, L	LC	
			Firm/Company	•
		3948 Third St #205		_
			Address	
		Jacksonville Beach, FL 32	250	_
		amjo290@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notification)	
For further	rinformation co	ncerning this matter, please ca	all:	
Douglas A	Milne		904 387.5400 at ( )	
	Name of	Person	Area Code Daytime Telephone Number	г
Enclosed i	s a check for the	e following amount:		
<b>■ \$25.0</b> 0	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
R E P	lailing Address egistration Solivision of Co. O. Box 6327 allahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 8 Tallahassec, FL 32303	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALJ2 Publishing House, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 16, 2020 and assigned Florida document number L20000328436 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

## 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 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>	Address	Type of Action
AMBR	Amanda L Jones	3948 Third St #205, Jacksonville Beach, FL 32250	<b>I</b> Add
			□Remove
			□ Change
ARep Douglas J Milne		1912 Hamilton-St #203, Jacksonville, FL 32210	□Add
			\( \extbf{\varepsilon} \) Remove
			□Change
			□∧dd
			□Remove
			🗆 Change
			①Add
			□Remove
			□Change
			□Add
			□Remove
		[]Change	
			□Remove
			□Change

f amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
<del></del> -	
an effection and an effection and effection	e date, if other than the date of filing:
l is filed	
ated _	Jan 4,2021,
	DFMilm
	Jan 4, 2021,  Difficulty  Signature of a member or authorized representative of a member  DOUG CAS J. MILNE  Typed or printed name of signee
	Typed or printed name of signee