## LZI 000230551

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| - <u></u>               |                    |             |
| (Do                     | cument Number)     |             |
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| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

|                                 | LISHING, LLC                                 |   |  |
|---------------------------------|--|---|--|
| SUBJECT:                        | Name of Lin                                  | ited Liability Company  |  |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspo      | ondence concerning this matter               | to the following:   |  |
|                                 | Ivette Ruiz                                  |   |  |
|                                 | <u></u>                                      | Name of Person  |  |
|                                 | IR Professional Services I                   | ne  |  |
|                                 | ·  | Firm/Company  | <del></del>  |
|                                 | 2450 SW 137th Ave Suite                      | 233   |  |
|                                 | <u> </u>                                     | Address   |  |
|                                 | Miami, FL 33175                              |   |  |
|                                 |  | City/State and Zip Code   | <del></del> .  |
|                                 | ivette@irpservices.net                       |   |  |
|                                 | E-mail address: (                            | to be used for future annual report notif                                 | ication)   |
| For further information c       | oncerning this matter, please c              | all:  |  |
| lvette Ruiz                     |  | 305 206-4495  |  |
| Name o                          | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed is a check for the     | he following amount:                         |   |  |
| □ \$25.00 Filing Fee            | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address                 |  | Street Address:<br>Registration Sec                                       | rtion  |
| Registration S<br>Division of C |  | Division of Cor   |  |
| P.O. Box 632                    |  | The Centre of T   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Inter new mailing address, if applicable:    Inter new mailing address, if applicable:   Inter new mailing address   Inter new mailing address | N&M PUBLISHING, LLC   |   |                    |
|--|---|---|--------------------|
| Distance of New Registered Agent:  New Registered Office Address:  Lift amendment is submitted to amend the following:  Lift amending name, enter the new name of the limited liability company here:  Lift amending name, enter the new name of the limited liability company here:  Lift amending name, enter the new name of the limited liability company here:  Lincipal office address, if applicable:  Lincipal office address MUST BE A STREET ADDRESS)  Lift amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida  Florida   | ( <u>Name of the Limited Liz</u><br>(A Flo  | ability Company as it now appears on our records.) orida Limited Liability Company) |                    |
| If amending name, enter the new name of the limited liability company here:  enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" after new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida  Florida  Florida  Florida  Florida  Florida  | The Articles of Organization for this Limited Liabilit  | ty Company were filed on 05/18/2021   | and assigned       |
| If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable:  **Inter new principal office address MUST BE A STREET ADDRESS**  Inter new mailing address, if applicable:  **Inter new mailing address, if applicable:  **Inter new mailing address MAY BE A POST OFFICE BOX**  If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  **Name of New Registered Agent:**  New Registered Office Address:**  **Florida **Florida street address**  Florida **Florida **Florida street address**  **Florida |   |   |                    |
| ter new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" after new principal offices address, if applicable:  Inter new mailing address MUST BE A STREET ADDRESS)  It amending address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida   | his amendment is submitted to amend the following   | <u>r</u> .  |                    |
| Inter new principal offices address, if applicable:  Inter new mailing address and internal addres | . If amending name, enter the new name of the   | limited liability company here:   |                    |
| Inter new mailing address, if applicable:    Inter new mailing address, if applicable:   Inter new mailing address   Inter new mailing address | he new name must be distinguishable and contain the words   | 'Limited Liability Company," the designation "LLC" or the ab                        | breviation "L.1C." |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  | Enter new principal offices address, if applicable:   |   |                    |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  | Principal office address MUST BE A STREET AL  | DDRESS)   |                    |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  |   |   |                    |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  |   |   |                    |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  | Enter new mailing address, if applicable:   |   |                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida   | Mailing address MAY BE A POST OFFICE BOX  | 2   |                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida   |   |   |                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida   |   |   | 3                  |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida   | 3. If amending the registered agent and/or registerent and/or the new registered office address has | ered office address on our records, <u>enter the nam</u>                            | e of the new regis |
| New Registered Office Address:  Enter Florida street address  Florida  Florida   | gent and/or the new registered orner address ner  | <u>.c.</u>  | <u>ا</u> عن        |
| New Registered Office Address:  Enter Florida street address  Florida  Florida   | Name of New Registered Agents   |   | , ,                |
| Enter Florida street address  Florida  Florida   | Name of New Registered Agent.   |   | P.                 |
|  | New Registered Office Address:  | Finer Florida street address  | <u> </u>           |
|  |   |   | : 50               |
|  | <del>-</del> -  | , Florida   | 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 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 |
|---------------------|-----------------|-----------------------|----------------|
| MGR Marley A Morrow | Marley A Morrow | 16618 NW 71ST AVE     |                |
|                     |                 | Miami Lakes, FL 33014 | ≣Remove        |
|                     |                 |                       | □Change        |
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|----------------|--|
| <u>ote:</u> If | date, if other than the date of filing:  |
| record :       | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
|                | July 1 2021  |
| ated           | $\frac{1}{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1-\sqrt{1$                                     |
|                | (Wakifali T.   |
|                | Signature of a member or authorized representative of a member,  Natualie Piedra Negrin                                  |
|                | Nathalie Liedra Negrin   |

Filing Fee: \$25.00