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SECHETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			. •			
	HING GROUP LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Mark L. Gaeta, Esq.					
		Name of Person				
	Mark L. Gaeta, P.A.					
	Firm/Company					
	1000 S. Federal Highway, Suite 103					
	·					
angkatho may sa kuminting so mik ka penggalagaan kuma k	The second secon	City/State and Zip Code				
	MarkLGaetaLaw@gmail.co	to be used for future annual report notific	cation).			
For further information of	concerning this matter, please en	•				
Mark L. Gaeta		954 763-5500				
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 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 Address		Street Address:	sian.			
Registration : Division of C		Registration Section Division of Corporations				
P.O. Box 632	•	The Centre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION . OF

FILED

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JJ PUBLISHING GROUP LLC	liability Company as it now appears on our lorida Limited Liability Company)	SECRETARY OF STATE
(Name of the Limited L (A F	liability Company as it now appears on our lorida Limited Liability Company)	records AHASSEE, FL
The Articles of Organization for this Limited Liabil Florida document number <u>L21000464415</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	Enter Pioriuu stree	
-	City	, 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
AR	Louis F. Torres	1035 Palmetto Way, Unit J	□Add
		Carpinteria, CA 93013	■ Remove
			□Change
			□Remove
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Note: If the d	ate is listed, the data	his block does n	ot meet t	he applicat	date of filing ole statutory	or more than filing requi	190 days atter rements, thi	tiling.) Pursi s date will r	nant to 605.0 not be listed
ocument's ef	fective date on	he Department	of State's	s records.			٠.		
record speci-	fies a delayed ef	fective date, but	i not an ei	ffective tim	e, at 12:01 a	ı.m. on the	earlier of: (b) The 90th	n day after
d is filed.		,			•		`		·
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(F Signature o	ot a memb	er or author	ized represent	ative of a me	emper		

Filing Fee: \$25.00