Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luv & Lee Publishing LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L21000515607	nany were filed on 12/06/2021	and assign	ed
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 L	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	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the na	ame of the new re	egistered
Name of New Registered Agent:	- 186-137-17601919191	2022 S	
New Registered Office Address:		SEP AHA	نز
	Enter Florida street address	3386 3386 3386 456	PRO AND
·	, Florida _ ,	Zip Code	77.

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRATRIC, BARIS	7901 4TH ST N STE 300	□ Add
		ST. PETERSBURG, FL 33702	∑ Remove
		·	□Change
MGR	KUEHN, PETER	7901 4TH ST N STE 300	X 7Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
		· ·	🗆 Add
			□Remove
			□Change
			□Add
		H-V-TRAB-LIVA-UI-BA-VI-D-V-HA-RI-B'A-VI-	Remove
			□Change
	MANAGER MATERIAL AND ADDRESS OF THE PROPERTY O		□Add
			Remove
			□Change
			□Add
			□ B

			
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			· · · · · · · · · · · · · · · · · · ·
WM-1114	4F-1-1-1-1		
	———————————————————————————————————————		
 			
Effective date, if other than the (If an effective date is listed, the date in Mote: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable	ate of filing or more than 90 day e statutory filing requiremen	(optional) is after filing.) Pursuant to 605,020 is, this date will not be listed a
he record specifies a delayed effecti ord is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated 09/09	2022		
Margam Colle	Signature of a member or authorize	ed representative of a member	

. .

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