

h22000317058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 NOV -3 PM 4:47
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJB PUBLISHING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA PHILLIPPI

Name of Person

RJB PUBLISHING LLC

Firm/Company

3172 MAIN STREET

Address

CRESTVIEW FL 32539

City/State and Zip Code

PUBLISHINGRJB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA PHILLIPPI

850 612-3387
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

22 NOV -3 PM 4:47

RECEIVED
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2022

SANDRA PHILLIPPI
3172 MAIN STREET
CRESTVIEW, FL 32539

SUBJECT: RJB PUBLISHING, LLC
Ref. Number: L22000317058

22 NOV - 3 PM 4:47
DIVISION OF CORPORATIONS

We have received your document for RJB PUBLISHING, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall
OPS Clerk

Letter Number: 322A00023911

Corrected
10/31/2022

NOV - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

RJB Publishing, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Phillippi
Name of Person
RJB Publishing, LLC
Firm/Company
3172 Main Street
Address
Crestview FL 32539
City/State and Zip Code
Beneephillippi5@gmail.com
E-mail address: (to be used for future annual report notification)

22 NOV -3 PM 4:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Sandra (Renee) Phillippi at (850) 612-3389
Name of Person Area Code Daytime Telephone Number
Sandra (Renee) Phillippi

Enclosed is a check for the 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)

Already Paid

Mailing Address:

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

Street Address:

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

10/31/2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RJB Publishing

(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 _____ and assigned Florida document number _____.

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sandra Phillippi	3172 Main Street	<input checked="" type="checkbox"/> Add
	Sandra Phillippi	Crestview FL 32539	<input type="checkbox"/> Remove
	Please Add as an authorized member		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 NOV 2013 PM 3:47
DIVISION OF CONSERVATION
STATE OF FLORIDA

14-00000 77

22 NOV -3 PM 4:47

THE FEDERAL BUREAU OF INVESTIGATION

7/21/2022

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 31, 2022

Sandra Phillips

Sandra Phillippi

Typed or printed name of signee

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR

Sandra Phillippi

3172 Main Street, Crestview FL 32539

☒ Add

Please Add as Authorized Person

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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☐ Change

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DIVISION OF CORPORATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add EIN Number 88-3350377

22 NOV -3 PM 4:47

DEPARTMENT OF STATE
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: 7/21/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 22, 2022.

Sandra Renee Phillippi

Signature of a member or authorized representative of a member

Sandra Renee Phillippi

Typed or printed name of signer