L2300018013

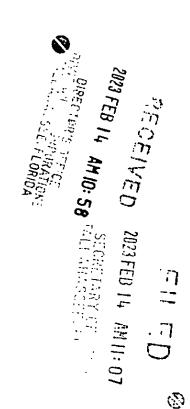
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	-	
J. HORNE FEB 1 4 2023		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
B100 PUBLISHING LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th				
Morris Jones				
Name of Person				
Firm/Company				
3433 Lithia Pinecrest Rd #141				
Address				
Valrico FL 33596				
City/State and Zip Code				
bradleymckibbins@gmail.com				
E-mail address: (to be used for future and	nual report notification)			
For further information concerning this matter	, please call:			
Morris Jones	813 505-0095 at ()			
Name of Person	Area Code & Daytime Telephone Number			
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			
Enclosed is a check for the following	g amount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bloo Publishing LLC	· · · · · · · · · · · · · · · · · · ·		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>Jan</u>	9 # 2023	_ and assigned
Florida document number <u>L230000 18013</u> .			
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:		.	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registered office	address on our records	, enter the name o	of the new regist
agent and/or the new registered office address here:			
Name of New Registered Agent:			 .
New Registered Office Address:	Enter Florida stree	nt addrase	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	Ť		
hereby accept the appointment as registered agent and ag		tv. I further agree	e to comply with

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

Title MGR	Name Timothy Mckibbins	Address 3433 Libnia Pinecrest Rd Valvico FL 33596	Type of Action # 197 □Add
	·		
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
		□Add	
			□Remove
			□C'hango

. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	2/14/2023
	Timothy Mckibbins
	Signature of a member or authorized representative of a member
	Timothy Mckibbins
	Typed or printed name of signee