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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

SUBJECT: BART	Name of Lim	ited Liability Company	
		,	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Kara Ellis		
		Name of Person	
	NOBLE Publishing, Inc.		
		Firm/Company	
	7217 Wiregrass Court		
		Address	
	Naples, FL 34114		
		City/State and Zip Code	-
	karastudzinski@gmail.com		
	E-mail address: (1	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Kara Ellis		201 741-3023 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee,
Li \$25.00 riling ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section **Division of Corporations**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BARNEYS NEW YORK Magazine, LLC	76% 20 0000
(Name of the	Limited Liability Company as it now appears (A Florida Limited Liability Company)	96930 F1 [2: 19
The Articles of Organization for this Limi	ted Liability Company were filed on	October 20th, 2023 and assigned
Florida document number <u>L230004812</u>	295	
This amendment is submitted to amend the	e following:	
A. If amending name, enter the new na	me of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain	n the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if a	pplicable:	
(Principal office address MUST BE A ST	TREET ADDRESS)	
Enter new mailing address, if applicable	e:	
(Mailing address MAY BE A POST OFF	TICE BOX)	
B. If amending the registered agent and agent and agent and office a	•	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		Janes II
	Enter Flori	ida street address
	City	, Florida Zip Code
	·	zip Code
Name Damintamand Apparation Circumstance if about	aina Dagistanad Agants	

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>	Address	Type of Action
AMBR	NOBLE Publishing, Inc.	7217 Wiregrass Court	= Add
		Naples, FL 34114	□ Remove
			□Change
AMBR	Benjamin Ellis	7217 Wivequass Ct. Naples, FL 34114	☐Add
		Naples, FL 34114	□Remove
		 	☐ Change
			□Add
			□ Remove
			□Change
		 	□Add
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			□ Remove
			□ Change

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.	Please c	hange the ownership of this LLC from Kara Ellis to NOBLE Publishing, Inc.
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Filing Fee: \$25.06