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COVER LETTER

TO:

	gistration Se vision of Co			
SUBJECT:		ST PUBLICATIONS, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please returi	n all correspo	ondence concerning this matter	to the following:	
		TIMOTHY M. SEAT		
			Name of Person	
		IT WORKS MARKETING	G iNC.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
908 RIVERSIDE DRIVE				
			Address	
	Name of Person IT WORKS MARKETING INC. Firm/Company 908 RIVERSIDE DRIVE Address PALMETTO, FL 34221 City/State and Zip Code LEGAL@ITWORKS.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: AL SWEETNICH Name of Person Name of Person Area Code Daytime Telephone Number Possed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy			
			City/State and Zip Code	
		_		
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For further i	nformation c	oncerning this matter, please co	all:	
VAL SWEE	ETNICH			
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status &
	iling Addres		Street Address:	aatian
Registration Section Division of Corporations			Registration S Division of Co	
P.C	D. Box 632	7	The Centre of	Tallahassee
Tal	llahassee. I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENTECOST PUBLICATIONS, LLC

(<u>Name of the Limited Liabil</u> (A Florid	ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (lorida document number	Company were filed on11/20/2	023 and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Tuning university of the BOA		
. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our record	s, enter the name of the new registe
New Registered Office Address:		
	Enter Florida str	eet address
 -	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registere	•	s.ip Code
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and occept the obligations of my position as registered a eing filed to merely reflect a change in the register ompany has been notified in writing of this change.	t and agree to act in this capac complete performance of my d agent as provided for in Chapt red office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
MGR	KINDSEY P. CHADWICK	908 RIVERSIDE DRIVE	≣ Add
		PALMETTO, FL 34221	□Remove
			☐ Change
			Add
			□Remove
			☐Change
			□Add
			□Remove
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an errec ote: I	offive date is fisted If the date insert	er than the date of the date of the date must be spetted in this block do ate on the Departm	eitic and cannot es not meet the	be prior to date of applicable stati	filing or more tha	n 90 davs after fi	line) Pursuant to 6	05.0207 (sted as t
record is file	specifies a dela ed.	iyed effective date,	but not an effe	ective time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day af	ter the
ated _	NOVEMBER 2	9ТН /// ///	· 2023	Of		-		
		1//////	~/7/~	KIVV				