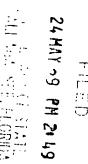
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor				
SUBJEC		d Publishing LLC			
SOBJEC	· <u></u>	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fec(s) are sub	mitted for filing		
		ondence concerning this matter	_		
		Myra Hope Graber			
			Name of Person	····	
		Cheer Squad Publishing			
			Firm/Company		
		252 Three Islands Blvd. #1	02		
	Address				
		Hallandale Beach, FL 33009			
			City/State and Zip Code		
		myragraber@hotmail.com	to be used for future annual re	part patification)	
For furthe	r information c	oncerning this matter, please of		port nottheaston)	
		oncerning this matter, prease of		2027	
Myra Hop			954 756-1 at ()		
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Cop (additional copy	f Status & py
	Aailing Addres		Street Add		
	Registration S Division of C		-	ion Section of Corporations	
	P.O. Box 632			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cheer Squad Publishing LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L23000551761	iability Company	were filed on December 1	4, 2023 and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the w	vords "Limited Liabi	lity 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)		252 Three Islands Blvd. #	F102
		Hallandale Beach, FL 33009	
Enter new mailing address, if applicable:		P.O. Box 220793	Z4 MAY
(Mailing address MAY BE A POST OFFICE BOX)		Hollywood, FL 33022	9 1
3. If amending the registered agent and/or regent and/or the new registered office addre	· ·	address on our records, <u>c</u>	enter the name of the new regis
Name of New Registered Agent:	Myra Hope Gra	aber	
New Registered Office Address:	252 Three Islan	nds Blvd. #102 Enter Florida street o	uddress
	Hallandale Bea	ch	_, Florida ³³⁰⁰⁹
		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>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			Change
			□Remove
			□ Change
		- AVE	□Remove
			□Change
		<u> </u>	□Add
			Remove
			□ Change
			□Remove
			□ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
fan effectiv Note: If ti	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 21 2024
	Signature of a member or authorized representative of a member
	Myra Hope Graber