L24000374632

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Julian Harris Publishing LLC Name of Limited Liability Company
J
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Reginald A. Mathis Name of Person
Law office of Reginald A. Mathis
303 SW 6th Street, Penthouse East
Fort Landerdale, FL 33315 City/State and Zip Code YMathis QYMathislation) For further information concerning this matter. please call: Reginald A. Mathis at 954, 252-5115 Name of Person Name of Person Area Code Daytime Telephone Number
E-mail address: (to be used for future annual report notification) Ting stronger
For further information concerning this matter, please call:
Reginald A. Mathis at (954) 252-5115 Name of Person Area Code Daytime Telephone Number

Mailing Address:

\$25.00 Filing Fee

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

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60.00 Filing Fee.

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Julian Harris Pi	ublishing, Li	_C
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000374632</u>	rere filed on 8 26 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		007 28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 furth	er agree to comply with th

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 Name 1 Title Title Julian Ozbourne 319 Country Cottage lane DAdd Winter Garden, FL34787 Julian Harris 319 Country Cottage lane and MGR Winter Garden, FL 34787 Remove □Change \square Add □Change □Remove □Change Remove □Change \square Add Remove □ Change

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