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SECRETARY OF STA

J. BRYAN

MAR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ### Aprizon Magazine LLC (Name Clamited Liability Company)		
(Name of Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Andrea L. de Michaelis (Name of Person)		
HORIZONS MAGAZINE LLC (Firm Jompany)		
575 Escarole ST SE (Address)		
Pr/m Bay Fl., 33908 (City/State and Zip Code)	09 MAR -2 PH 2: 1	11
For further information concerning this matter, please call:	RY OF	LED
Lors A. Fredricks at (331) 308-0660 (Name of Person) (Area Code & Daytime Telephone Number)	2: 17 STATE FLORIDA	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified (e of Status &	osed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned The Articles of Organization for this Limited Liability Company were filed on ______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR.= Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
	·		Add Remove		
· 			Add Remove		
			Add Remove		
			Add Remove		
			SAdd Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	D 2:1		
			 		
Dated					
	3DC CMA	er or authorized representative of a member Of the first	Dis JS		

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Filing Fee: \$25.00