12000034470

(Re	questor's Name)		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK
MAR 2 9 2012
EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	A Red H	leron Press, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
		Echo R. Heron			
		Name of Person			
	H	leron Quill Press, LLC			
		Firm/Company			
	4	211 128th Street West			
		Address			
		Cortez, FL 34215			
		City/State and Zip Code		ALL SEC	
	F-mail address:	echowrite@gmail.com (to be used for future annual report notific	cation	SAC HAR	Y
B 6 4 1 6 4			out.	28 488	
For further information	concerning this matter, please	caii:		EC P	
E	cho R. Heron	at (415)	902-1702	HAR 28 PN 1:5	٠
Name	of Person	Area Code & Daytime	Telephone Number	1:51 TATE ORIDA	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &	

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**

A Red Heron	Press, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on	3/12/12	and assig	ned
Florida document number <u>L12000034470</u> .				
	•			
Γhis amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company her	<u>e</u> :		
Heron Quill Pr				
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	my," the designation	"LLC" or the abb	previatio
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			, 	
			ALC: 12	
		•	AC MA	-17
Enter new mailing address, if applicable:			- SS - 2	A STATE OF THE PERSON NAMED IN COLUMN 1
Mailing address MAY BE A POST OFFICE BOX)				
			-11 e/-	
3. If amending the registered agent and/or registered offi	ce address on o	our records, enter	SE ST	the ne
registered agent and/or the new registered office address here:			<u> </u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	ter Florida street a	ddress	
·		, Florida _		
	City		Zip Code	
lew 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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
·			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	FILED 12 HAR 28 PH 1:5 SEUNLIARY OF STATE FALLAHASSEE. FLORID
Dated	Signature of a member	or authorized representative of a member Echo R. Heron	DA -
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00