(Requestor's Name) (Address) 200251782192 (Address) (City/State/Zip/Phone #) CK-UP WAIT MAIL (Business Entity Name) $\mathcal{O}_{\mathcal{W}}$ 13 OCT - 5 4H11: 23 (Document Number) Certificates of Status FSTATE Certified Copies Special Instructions to Filing Officer: 2013 OCT - 8 DCT - 9 2013 A. LUNT y 91 :5 HY

Office Use Only

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/8/13

NAME: CENTRAL FLORIDA PRESS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

2013 OCT

ဓာ

.34% 235

٧å

÷

131-9615

1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA PRESS, LLC	,	
(Name of the Limited Liability Con (A Plorida Limited)	ipany as it now appears on our ed Liability Company)	records.
The Articles of Organization for this Limited Liability Comp.	any were filed on 09/08/200	5 and assigned
Florida document number L05000090475	,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	lishility company here:	ີ່ມີ: ອີງ
s, it amonumg name, <u>enter the new name of the named i</u>	appling company acte.	
The new name must be distinguishable and end with the words "I	imited Liability Company," the	designation "LLC" or the abbreviation
"L.J.,C."	••••	-
Enter new principal offices address, if applicable:	مى يې مېرى يې د بې مې مې د مې مې مان دان يې د بې وې مې مې د يې وې مې د بې وې د وې وې د وې وې وې وې وې وې وې وې	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		·
•	.*	
Enter new mailing address, if applicable:		······
(Mailing address MAY BE A POST OFFICE BOX)	٠ <u>٨٨</u> ٠	
		<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ras, enter the name of the new
•		
Name of New Registered Agent:		····
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	Enter Flori	ida street address
· · · · · · · · · · · · · · · · · · ·	Enter Flori	
· · · · · · · · · · · · · · · · · · ·	Enter Flori City	ida street address , Florida Zip Code

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Gary Stiffler	60 Delta Drive	Add
		Pawtucket, RI 02860	Remove
MGR	James F. Stone	40 Westminster Street, Ste 70	
		Providence, RI 02903	
MGR	Benjamin W. McCleary	40 Westminster Street, Ste 70	
		Providence, RI 02903	Remove
MGRM	Matlet Group, LLC	60 Delta Drive	Add
		Pawtucket, RI 02860	Remove
		· · · · · · · · · · · · · · · · · · ·	Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
		·	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2013

October Dated September 8

c

Signature of a member or authorized representative of a member

18

Gary Stiffler, CEO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT e Solution 777 232 ņ фп ФП

1 ;

1 (")