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12 MAY -2 AM II: 59

SECRETARY OF STATE

MAY = 3 2012 T. HAMPTON

COVER LETTER

	gistration Section vision of Corpor		,	and the second	
SUBJECT:	<u> </u>	Pritchard 8	& Associates, LLC		
		Name of Limi	ted Liability Company		
The enclosed	d Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please returr	all corresponde	nce concerning this matter	to the following:		
			Paula Pritchard		
			Name of Person		
		Prito	chard & Associates, LLC		
	_		Firm/Company		
	8405 Misty Morning Ct				
	-		Address		
		E	Bradenton, FL 34202		
	_		City/State and Zip Code		
	_	E-mail address: (to be used for future annual report notific	ation)	
For further in	nformation conc	erning this matter, please c	all:		
	Paula	Pritchard	at (_941)3	88-9531	
	Name of Per	son	Area Code & Daytime	Telephone Number	
Enclosed is a	a check for the fo	ollowing amount:			
√ \$25.00 Fi	iling Fee]\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAY -2 AM 11: 59 Pritchard & Associates, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 10/02/2006 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L06000083005 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Daily OWN, LLC The new name must be distinguishable and end with the words "Limited Liability 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) 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.

City

, Florida

Zip Code

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 = MGRM	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
- 1 			Add Remove
	-		Add Remove
			Add Remove
D. If an	nending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SIAIR DIVISION OF CORPORATION 12 MAY -2 AM 11: 59
Dated	Gen	mber or authorized representative of a member	9 DH
	·	Paula Pritchard	
	Ty	yped or printed name of signee	

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Filing Fee: \$25.00