L07000032691

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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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SECRETARY OF STATE ALLAHASSEE, FLORID/

COVER LETTER

TO: Registration Division of C			
SUBJECT: RAG P	UBLISHING GROUP LL	.C	
		nited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	WILLIAM CADY		
		(Name of Person)	
	RAG PUBLISHING	GROUP LLC (Firm/Company)	
	900 BAY DR # 719		
		(Address)	
	MIAMI BEACH FL,	33141	
		(City/State and Zip Code)	
For further information	concerning this matter, please of	call:	
WILLIAM CADY		at (786) 299-6167	
(Name	e of Person)	(Area Code & Daytime	Telephone Number)
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)	\$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

RAG PUBLISHING GROUP LL	.C			
(Name of the Limited Liab	oility Company as it now appears on or ida Limited Liability Company)	ur records.)		
(A Fior	ida Limited Liability Company)			
The Articles of Organization for this Limited Liabili	ty Company were filed on MARCH	27, 2007 and assigned		
Florida document number <u>L0700032691</u>	·			
This amendment is submitted to amend the following	g;			
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 "I imited Lighility Company" th	e designation "I I C" or the abbreviation		
"L.L.C."	words Elimied Elability Company, in	e designation. LLC of the appreviation		
7				
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:				
Now Projectored Office Address.				
New Registered Office Address:	New Registered Office Address: (Enter Florida street address)			
	, Florida			
	(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 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 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 Type of Action <u>Title</u> Name . Address MGRM MONICA CADY 900 BAY DRIVE # 719 MIAMI BEACH, FL 33141 MGRM WILLIAM CADY 900 BAY DRIVE # 719 MIAMI BEACH, FL 33141 Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member WILLIAM CADY Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00