

LO7000105245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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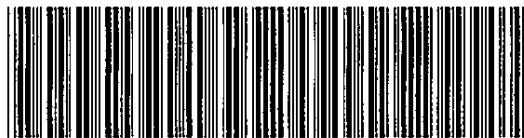
(Business Entity Name)

(Document Number)

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2009 JUN -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JUN 5 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wolcott Community News, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie F. Moore

Name of Person

Wolcott Community News, LLC

Firm/Company

3135 Shady Dell Lane Unit 220

Address

Melbourne, FL 32935

City/State and Zip Code

wolcott_news@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Moore

Name of Person

at (**203**)

565-5133

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**

FILED

2009 JUN -4 PM 1:49

Wolcott Community News, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 21, 2009 and assigned
Florida document number L07000105245.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3135 Shady Dell Lane,

Unit 220

Melbourne, FL 32935

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

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Julie Moore	3135 Shady Dell Lane Unit 220 Melbourne, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Julie Moore	3935 Shady Dell Lane Unit 220 Melbourne, FL 32935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Moore	3135 Shady Dell Lane Unit 220 Melbourne, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Moore	3935 Shady Dell Lane Unit 220 Melbourne, FL 32935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 5-31-2009

Robert C. Moore
Signature of a member or authorized representative of a member
Robert C. Moore
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA