

W 07000107430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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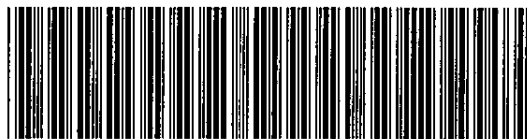
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 26 PM 2:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Periodicals, 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:

Christopher Patterson
(Name of Person)
Florida Periodicals, LLC
(Firm/Company)
401 N. Wickham Rd Ste 130
(Address)
Melbourne, FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Patterson at 733 442-6138
(Name 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

Florida Periodicals, LLC

(Present Name)
(A Florida Limited Liability Company)

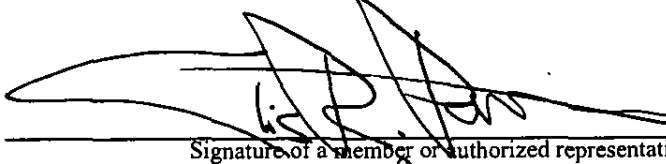
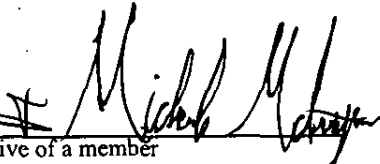
FIRST: The Articles of Organization were filed on October 12th, 07 and assigned
document number LO7000107430.

SECOND: This amendment is submitted to amend the following:

"MGRM" = Managing Member is Christopher
Patterson 4475 55th St. Vero Beach, FL 32967
not Micheal McIntyre

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Dated October 24th, 2007.

Signature of a member or authorized representative of a member

Chris R. Patterson & Michael McIntyre

Typed or printed name of signee

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 26-0195023 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>Florida Periodicals LLC</u>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name <u>Chris Patterson</u>		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>401 N Wickham Rd Ste 130</u>			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code <u>Melbourne FL 32935 -</u>			5b City, state, and ZIP code		
6* County and state where principal business is located <u>County Brevard State FL</u>					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input checked="" type="checkbox"/> Sole Proprietor (SSN) 517 : 11 : 6464 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Telemarketing</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) <u>MAY 18 2006</u>			11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>			Agriculture		Household
			Other		
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) <u>Telemarketing</u> <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>magazine sales</u>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <u>Connecting First Corp</u> Trade name ▶					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN <u>FEB 18 2004</u> <u>Minneapolis MO</u> <u>86 - 1098791</u>					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶				Applicant's telephone number (include area code) () - Applicant's fax number (include area code) () -	
Signature ▶ <u>Not Required</u> Date ▶ <u>May 18, 2007 GMT</u>					