## U7000120349

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DEC 17 2014 J. BRUCE

## **COVER LETTER**

Division of Co					
SUBJECT: VEHICL	ES TEST PUBLISHING	ELLC			
Sobsect.	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	_			
	RITA M. SCACCHI	-			
		Name of Person			
	BRODY WILKINSO	N PC			
		Firm/Company			
	2507 POST ROAD				
		Address			
	SOUTHPORT, CT	06890		21	e de la companya de l
		City/State and Zip Code		BC.	1 3  
	E-mail address:	to be used for future annual report notifi	ication)	2 T	
For further information c	oncerning this matter, please c	all:		FF S	
RITA M. SCACCH	IA	203 319-7100		PH 12: 06	- FFE
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

	TEST PUBLISHING LLC	
( <u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	<u>r records.</u> )
The Articles of Organization for this Limited Liability Florida document number L07000120349	Company were filed on 12/3/20	and assigned
Florida document number	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		25
Enter new mailing address, if applicable:		SS N
(Mailing address MAY BE A POST OFFICE BOX)		
		NIS NIS
		20 G
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	rei 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Christopher J. Kelly	172 Highland Avenue	<b>=</b> Add
		Rowayton, CT 06853	□ Remove
P	Christopher J. Kelly	172 Highland Avenue	
		Rowayton, CT 06853	■ Remove
D	Christopher J. Kelly	172 Highland Avenue	
		Rowayton, CT 06853	Remove
D	Doug Thompson	4918 Burns Street	
		Ventura, CA 03003	Remove
			PHIZ: 06 Add
		11000	Remove
			□ Remove

amended to read	d as follows:
"Article V Manaç	gers/Members The limited liability company shall be
manager-manag	red".
ffective date, if other th	nan the date of filing:(optional)
he date this document is tiled	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
e effective date must be speci	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)  2014
e effective date must be speci e date this document is tiled	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)  2014  Signature of a member or authorized representative of a member

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

Page 3 of 3

Filing Fee: \$25.00

MANUEL 12 HIR: 08