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EXAMINER



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SECRETARY OF SIME OF STORY

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HYDE PARK PUBLISHERS LTD., LLC Name of Limited Liability Company					
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:					
SANFORD SIEGAL Name of Person					
Name of Person					
Hyde Park Publishers Ltd. LEC Firm/Company					
Firm/Company					
12254 SW 131ST AVE					
Address					
MIAMI, FL 33/86 City/State and Zin Code					
City/State and Zip Code					
DRSIEGAL @ DRSIEGAL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SANFORD SIEGAL at (305) 253-1730					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \seteq \set					

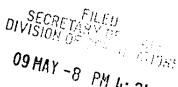
MAILING ADDRESS:

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



HYDE PARK PUBLISHERS LTD. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _L 08000 11800 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HYDE PARK PUBLISHING LTD., LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = N$	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		
			D amazon
			— n
·			Domovo
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if r	
_			
Dated	5/06/09	 /	
	Signature of a n	nember or authorized representative of a member FGAL Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00