L090110048453

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EXAMINER



800241167198

11/01/12--01023--002 **60.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New You Publ	ishing L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	<u>iy as it now appears on ou</u> iability Company)	<u>ır records.</u>)	
The Articles of Organization for this Limited Liability Company	were filed onMay	19, 2009 and assigned	
Florida document numberL09000048453			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
NYP, L.	L.C.		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	e designation LLC or the abbreviation	
Enter new principal offices address, if applicable:		Print 1	
(Principal office address MUST BE A STREET ADDRESS)		me a series	
		SE S	
Enter new mailing address, if applicable:		RIDA	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, <u>enter the name of the nev</u>	
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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
D. If amen	ding any other information	n, enter change(s) here: (Attach additional sheets, if necessa	nry.)
Dated	October 30,		
		James P. Fat	
	Signati	ure of a member or authorized representative of a member J.P. Faber	
		Typed or printed name of signee	_

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Filing Fee: \$25.00