

LO9000081812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

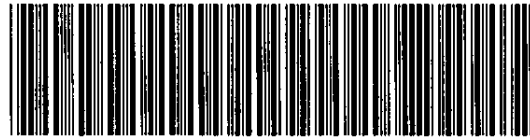
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DORAL NEWSPAPER 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:

CARLOS HERRADEZ

Name of Person

DORAL NEWSPAPER LLC

Firm/Company

5731 NW 74TH AVE

Address

MIAMI FL 33166

City/State and Zip Code

UNOASISTENTE@GMAIL.COM

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

2014 NOV -6 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GIANFRANCO NAPOLITANO

305

549-8477

at ()

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**

DORAL NEWSPAPER LLC

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

2014 NOV - 6 12:50 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/24/2009
Florida document number L09000081812

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:

5731 NW 74TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166

Enter new mailing address, if applicable:

5731 NW 74TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33166

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:

DISNEY D THOMPSON & ASSOCIATES PA

New Registered Office Address:

169 EAST FLAGLER STREET

Enter Florida street address

MIAMI

City

Florida 33131

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DORAL CAPITAL NEWSPAPER CORP	5731 NW 74TH AVE MIAMI FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GIANFRANCO NAPOLITANO	5731 NW 74TH AVE MAIMI FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANDREINA CAMPIS	5731 NW 74TH AVE MIAMI FL 33166	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV -6 PM 12:50

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 30, 2014

Signature of a member or authorized representative of a member
MANAGER

Typed or printed name of signee