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To:

Division of Corporations 3

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053

: (561)694-8107 Phone : (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECTFOR M/MG RESIGN PRINTED MATTER, LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINTED MATTER, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  L10000026919  Torida document number	03/40/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		17 0 T
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation T.L.C.
Enter new principal offices address, if applicable:		100 mg
(Principal office address MUST BE A STREET ADDRES	<u> </u>	1. 1.
	; •••	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, es here:	nter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florie	dai
	City	ZIP Crae
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nt as provided for in Chapter 605, F.	S. Or, if this document is
	<b>.</b>	
	If Changing Registered Agent, Signature of I	New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Daniel Eilemberg	1840 S. Bayshore Dr.	Add
		Miami, FL 33133	■ Remove
		ÿ.	Change
MGRM	Elephant Publishing, LLC	3f1 Lincoln Road	■ Add
		Office 202	□ Remove
		Miami, FL 33139	☐ Change
			Add
		D Remove	
			□ Change Cr
			O Add OR
	<u></u>	☐ Add On Della Remove	
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			D Add
			□ Ветоус
			Change
			Remove
			Change

) here: (Attach adlitional sheets, if necessa	ury.)
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	17. OCT-25
- A A A A A A A A A A A A A A A A A A A	
	7.
C WDD::conto (imicros) G 1	ial) ling.) Pursuant to 605.0207 (3) date will not be listed as the
	m. on the earlier of:
7	
` <i>Y \ JO</i> ( <i>J</i>	l
ar or authorized representative of a member	
	(option to date of filing or more than 90 days after file applicable statutory filing requirements, this crecords.  but not an effective time, at 12:01 a.

Page 3 of 3

Filing Fee: \$25.00