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| (Requestor's Name) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. SAULSBERRY EXAMINER MAR 3 0 ,2011

COVER LETTER · ·

TO:

Registration Section

| Division of Co | orporations | | | | |
|--|-----------------------------------|---|--|------------------|-----|
| SUBJECT: | Prod | ofPress LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| | f Amendment and fee(s) are su | - | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | |
| | Christopher Kruse Name of Person | | | | |
| | | ProofPress | | | |
| | | Firm/Company | Ž | 20 | |
| 10542 Moss Park Rd STE204-157 | | | | 2011 MAR 28 | |
| | | Address | الما ا | R 28 | ř |
| | - | Orlando, FL 32832 City/State and Zip Code | | OF S | *** |
| | ir E-mail address: (| nfo@proof-press.com to be used for future annual report notification |)RIOA | AM 10: 35 | |
| For further information | concerning this matter, please of | call: | | | |
| | istopher Kruse | "· \ | 2-8431 | _ | |
| Name | of Person | Area Code & Daytime Tel | ephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee & Certificate of Status | | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fer Certificate of S Certified Copy (additional copy | tatus & | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ProofF | Press LLC | | |
|--|--|-----------------------------|--------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appea ed Liability Company) | rs on our records. | |
| The Articles of Organization for this Limited Liability Comp | any were filed on | Sep 9, 2010 | and assigned |
| Florida document number <u>H10000290185</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited I | iability company her | <u>re</u> : | |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Compa | any," the designation "L | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | | ARE HAR |
| Enter new mailing address, if applicable: | | | ARY 01 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | FLORE GE |
| | | | <u> </u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address in | | our records, <u>enter t</u> | he name of the new |
| iogastereu agent and/or the new registereu ornee address i | <u></u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | En | ter Florida street add | ress |
| | | . Florida | |
| | City | , rionua | 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member Title Name Address Type of Action Zinaida Vlasov str. Ion Pelivan 18 apt 14 Remove Chisinau 2051, Moldova Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The above member, Zinaida Vlasov, is not a managing member of ProofPress^t LLC. This ammendment is for the purpose of documenting that, Zinaida Vlasov, has rights to 20% of the Company's Net Profits, to be paid in the form of dividends, according to the Company's Operating Agreement, and it entitled to 20% of the Company's Net Worth. March 22 Dated _ Signature of a member or authorized representative of a member Christopher Kruse Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00