

L110000007764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**B. KOHR**

JUN 28 2011

**EXAMINER**



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RECEIVED  
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DIVISION OF CORPORATIONS  
11 JUN 28 PM 1:42



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 826423 7814432

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 28 PM 1:42

ORDER DATE : June 27, 2011

ORDER TIME : 4:26 PM

ORDER NO. : 826423-005

CUSTOMER NO: 7814432

DOMESTIC AMENDMENT FILING

NAME: ZAZA PUBLISHING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ZAZA PUBLISHING, LLC**

(Name of Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 28 PM 1:42

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EHAB A. HOSNY

(Name of Person)

(Firm/Company)

11505 S ROSS AVE/

(Address)

OKLAHOMA CITY, OK 73170

(City/State and Zip Code)

For further information concerning this matter, please call:

EHAB A. HOSNY

(Name of Person)

at ( 405 ) 835-7305

(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

ZAZA PUBLISHING, LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 28 PM 1:42

The Articles of Organization for this Limited Liability Company were filed on 01/19/2011 and assigned  
Florida document number L11000007764.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NILE PUBLISHING, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

11505 S ROSS AVE

OKLAHOMA CITY OK 73170

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11505 S ROSS AVE

OKLAHOMA CITY OK 73170

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:

(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 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:

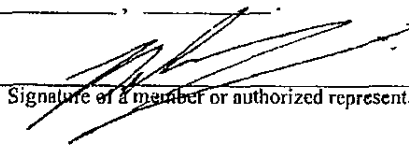
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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


Dated 6/24/2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Ehab A. Hosny  
\_\_\_\_\_  
Typed or printed name of signee