

L110000044142

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
GALLAHASSEE, FLORIDA

J. BRYAN

NOV 21 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Distribution Newsstand, 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:

Paul Deering

Name of Person

Firm/Company

2915 So. Congress Avenue

Address

Delray Beach, FL 33445

City/State and Zip Code

pdeering100@gmail.com

Email address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Paul Deering

Name of Person

at ( 201 )

663-8306

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)

CHECK PAYABLE TO: FLORIDA DEPT OF STATE

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**

**Distribution Newsstand, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 4/13/2011 and assigned  
Florida document number L11000044142.

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:

Bruce Russell

New Registered Office Address:

5030 Champion Blvd. - Suite G6-313

Enter Florida street address

Boca Raton

Florida

33496

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

| Title | Name          | Address                                                               | Type of Action                                                             |
|-------|---------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR   | Bruce Russell | 5030 Champion Blvd<br>Suite G6-313<br>Boca Raton, FL 33496            | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR   | Adam Bratter  | 2240 Palm Beach Lakes Blvd<br>Suite 400E<br>West Palm Beach, FL 33409 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |               |                                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |                                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |                                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |               |                                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 3, 2011



Signature of a member or authorized representative of a member

Bruce Russell

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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