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EXAMINER



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COVER LETTER

10:	Division of Cor			
		Cuant Mai	man Dance II C	·
SUBJE	CT:		untain Press, LLC ited Liability Company	
		Name of Lim	ned Diability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing	
Please r	eturn all correspo	ondence concerning this matte	r to the following:	
			James Bearden, Esq.	
			Name of Person	
	•	Rear	den, Lewis & Thomas, LLP	•
		Dearc	Firm/Company	and the second s
	445		E. Palmetto Park Road Address	
			loca Raton, FL 33432	
, N.	ı	City/State and Zip Code		•
E-mail address:			mes@beltlawyers.com to be used for future annual report not	ilication)
For furt	her information c	oncerning this matter, please	call:	
	James	s Bearden, Esq.	at (561)	368-7474
		f Person		me Telephone Number
				·
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crest Mountai	n Press, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u>)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000139279	were filed on <u>November 30,</u>	2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	c/o Arnold Beizer			
Mailing address MAY BE A POST OFFICE BOX)	5 Chimney Crest Drive			
	Asheville, NC 28806	3		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the ne		
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street address			
•	, Florid	aZip Code		
	CHY	$zap \cup oae$		

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

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
	<u>. </u>		Add Remove
			Add Remove
			Add Remove
			∏Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			-
_ _			
Dated	Cames Be	2/2.	
	James B	r or authorized representative of a member CACOL EST. I or printed name of signee	

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Filing Fee: \$25.00