## L13000054184

(Re	questor's Name)	
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## **COVER LETTER**

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TO:

**Registration Section** 

Division of Corporations			
SUBJECT:	Newsroom101 LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gerald Grow		
		Name of Person	<del></del>
	Newsroom 101 LLC		
		Firm/Company	• • • • • • • • • • • • • • • • • • • •
	1911 Gibbs Drive		
	**************************************	Address	
	Tallahassee, FL 323	03	
		City/State and Zip Code	
	support@newsroom		
	E-mail address: (	to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all:	
Gerald Grow		at (850 ) 385-0383	
Name o	of Person		elephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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)

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

FILED 2015 MAR -9 AN 10: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/11/2013 and assigned
Florida document number <u>L13000054184</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and end with the words "Limited L	iability 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)	
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 h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Lav Lau

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Grow, Ariel John	59 Granite Path Place	Add
		The Woodlands, TX 77389	<b>XX</b> Remove
			Add
			Remove
			Add
			☐ Remove
		□ Add	
		☐ Remove	
-			□ Add
		Remove	
			□ Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The eff	tive date, if other than the date of filing:(optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Dated	March 6, 2015
	Signature of a member or authorized representative of a member  Gerald Grow
	Typed or printed name of signee

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Filing Fee: \$25.00

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