

L14 000040740

(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:

Office Use Only



500259255415

04/23/14--01014--009 \*\*30.00

APR 28 2014

T CLINE

2014 APR 23 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cristina Moran  
CMW Press LLC (formerly Cristy Moran Writes LLC)  
3437 SW 1 Ave  
Miami, FL 33145  
cristymor@gmail.com  
(305) 302-9992

April 17, 2014

Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Florida Department of State:

You are receiving a request to amend the Articles of Organization of Florida Limited Liability Corporation currently named "Cristy Moran Writes LLC." This amendment request is for a company name change from the aforementioned Cristy Moran Writes LLC to CMW Press LLC. Enclosed with the online form filled out as directed, I have included a check for \$30.00 for the name change and a certified copy of the name change. All correspondences can be made to the above addresses and contact phone number. Henceforth, all printed materials will bear the name CMW Press LLC unless otherwise noted by the Division of Corporations. I anticipate your fast reply.

Sincerely,

Cristina Moran  
CMW Press LLC (formerly Cristy Moran Writes LLC)  
Owner

2014 APR 23 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cristy Moran Writes 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:

**Cristina Moran**

Name of Person

Firm/Company

**3437 SW 1 Ave**

Address

**Miami, FL 33145**

City/State and Zip Code

**cristymor@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Cristina Moran**

Name of Person

at **(305) 3029992**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 APR 23 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cristy Moran Writes 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 March 11, 2014 and assigned  
Florida document number L14000040740.

This amendment is submitted to amend the following:

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

CMW Press 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)**

3437 SW 1 Ave

Miami, FL 33145

**Enter new mailing address, if applicable:**

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

**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 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:

MGR = Manager

AMBR = Authorized 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 APR 23 PM 1:30  
RECEIVED

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

---

---

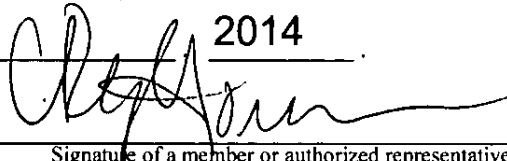
---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 17 2014



Signature of a member or authorized representative of a member

Cristina Moran

Typed or printed name of signee

FILED  
2014 APR 23 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA