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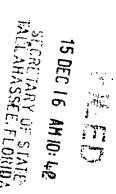
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT. Maynt	Dora News UC	Ç	
SUBJECT: 1 (UVI()	Dora News UC Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael E.	Morcker	
		Name of Person	
		Firm/Company	
	2233 over1	ook Drive	<u> </u>
		Address	
	Mount Dora	FL 32757 City/State and Zin Code	
		any arms and raft arms	
	Mmorch E-mail address: (1	cer 687 e earth:	uk, net
For Conthon in Comments			neution,
For further information co	oncerning this matter, please ca	MII:	
Michael M.	eccker Person	at (407) 701-8 Area Code Daytime	825
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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

TO ARTICLES OF ORGANIZATION OF

Mount Dora News	LLC				
(Name of the Limited I	Liability Company as I Florida Limited Liabilit	it now appears o y Company)	on our records.)		
The Articles of Organization for this Limited Liabi		filed on	6/5/2015	and a	ssigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability c	company here	:		
The new name must be distinguishable and contain the words	s "Limited Liability Co	mpany," the desi	gnation "LLC" or	the abbreviation "	L.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		address on o	our records, <u>e</u>	nter He name DEC	e of the new
Name of New Registered Agent:				577	
New Registered Office Address:		Enter Florid	a street address	FF 55	
		Enter Pitoria	. Florid	OF THE STATE OF TH	
-	C	City	, 1 10110	Zip Cod	?

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GLENNA K BURCH	PO BOX 1760	Add
		MOUNT DORA FL 32756	Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
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		FLORIDA	10 th	- ;_J
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E. Effec	tive date, if other than the date of filing: December 13, 2015 (option	nal)		
(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after figure 1. If the date inserted in this block does not meet the applicable statutory filing requirements, this	iling.) Pursu date will n	iant to 69 of he li	05.0207 (3)(sted as the
	ment's effective date on the Department of State's records.	aute will in	or be in	sica as the
(f the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on th	ne ear	lier of:
	e 90th day after the record is filed.			
Dated	13 Dec , 2015.			
Swee	,			
	Signature of a member or authorized representative of a member			
	MICHAEL E. MORCKER			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00