

FROM : LAZARUS

FAX NO. (305) 220-1440

Feb 18 2009 3:02PM P1

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L080000063223

Florida Department of State
Division of Corporations
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L. SELLERS

To:

Division of Corporations
Fax Number : (850) 617-6383

FEB 19 2009

EXAMINER

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIMI MARKETING SERV. LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 18 AM 8:45

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Corporate Filing Menu

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FROM : LAZARUS
From:

FAX NO. : 3052201440

Feb. 18 2009 04:05PM P2

H09000038295
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIMI MARKETING SERV. 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 6/27/08 and assigned
Florida document number 108000063223.

This amendment is submitted to amend the following:

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

MEDICAL MARKETING ASSOCIATES, LLC

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)

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 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)

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Feb. 18 2009 04:05PM P3

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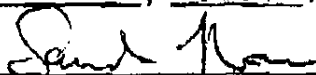
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MCR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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

Dated 2-18, 2009



Signature of a member or authorized representative of a member

SANDRA NOVO

Typed or printed name of signer

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Filing Fee: \$25.00

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