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T. CLINE

APR 1 3 2011

**EXAMINER** 

## **COVER LETTER**

	ion Section of Corporations		•		
SUBJECT:	Verbal Ink T	ranscriptions LLC			
		ed Liability Company	<u> </u>		
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
	Te	eressa Sample Jacobi			
		Name of Person			
	Verba	al Ink Transcriptions LLC			
		Firm/Company			
		P. O. Box 1317			
		Address			
		akeland, FL 33802			
		City/State and Zip Code			
	E-mail address: (to	mple11@verizon.net be used for future annual report notifica	tion)		
For further informa	tion concerning this matter, please ca	:			
Tot farmer morma	tion concerning this matter, prease of			<b>=</b> . =	
	ressa Sample Jacobi	u. ()	14-9773		
N	ame of Person	Area Code & Daytime	Telephone Number	2011 APR 13 SECRETARY TALLAHASS	ns N
Enclosed is a check	for the following amount:			E.F.	
\$25.00 Filing Fo	See \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ozstatus &	a.J

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

Verbal Ink Trar	nscriptions LLC	)		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.		
,				
The Articles of Organization for this Limited Liability Company	y were filed on	03/18/11	and assigned	
Florida document numberL11000033461				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	<b>:</b>		
Audio 2 Ink Tran	scriptions LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compar	y," the designation "	LLC" or the abbrevia	ation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				_
			AEI SEI	
Enter new mailing address, if applicable:			<b>≥</b> 22 <b>23</b>	1 6
(Mailing address MAY BE A POST OFFICE BOX)			ASA T	print 1967.
			SEC S	
	·		TO TO	<u>"</u>
B. If amending the registered agent and/or registered o		ır records, <u>enter</u>	the name of the	new
registered agent and/or the new registered office address he	<u>re</u> :		Dm en	
N. CN. P. L. LA				
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street add	iress	
		, Florida		
	City		Zip Code	
Manage Dangled and A. A. A. A. Changer and C. C. C. C. C. D. C. A. D. A.				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = I	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
<u> </u>			Add Remove			
<del></del>			П р			
			Add Remove			
			Add Remove			
			2011 A Remove TALL ANASS			
<del></del>			FUA C			
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, i	>			
_						
Dated	April 7	_,				
	Signature of	of a member or authorized representative of a member	er			
		Teressa Sample Jacobi				

Page 2 of 2

Filing Fee: \$25.00