

L15000140373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

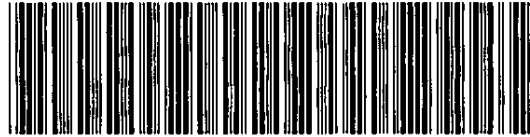
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP -2 AM 10:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015
J SHIVERS

To: Florida Department of State

We are changing the AMBR for the company registered: L15000140373 Medi Legal Marketing LLC.

Should you have any questions please contact me at 941 822 6591

Thank you

Betty Nay

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

medi. lead marketing 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 08/17/15 and assigned Florida document number L15000140373

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

160 145th AVE Suite 7
Madeira Beach 33708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

160 145th AVE Suite 7
Madeira Beach 33708

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:

Daniel May

New Registered Office Address:

160 145th AVE Suite 7

Enter Florida street address

Madeira Beach, Florida 33708

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.

Daniel May
If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDI Legal Marketing 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:

 Betty May
Name of Person

Firm/Company

 160 145th AVE Suite 7
Address

 MADRID BEACH FL 33708
City/State and Zip Code

 medi.legalmarketing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Betty May at (941) 822 6591
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Andy Bonecutter	_____	<input type="checkbox"/> Add
		4503 3rd St Cir West	<input checked="" type="checkbox"/> Remove
		Beadington FL 34207	<input type="checkbox"/> Change
AMBR	Betty Ray	100 145th Ave Suite 7	<input checked="" type="checkbox"/> Add
		Melania Beach FL 33708	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

E. Effective date, if other than the date of filing: 082615 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 082615

Betty May
Signature of a member or authorized representative of a member

Betty MAY
Typed or printed name of signee