601000014689

(Re	equestor's Name)	
(Ad	ldress)	·
(Ac	ldress)	-
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 31 PH 2: 23

TRANSMITTAL LETTER

TO: - Registration S Division of Co				
SUBJECT: Mental N				
	(Name of Li	mited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Cristina Solana			
	C	Name of Person)		
Ment	al Marxmen Media		7.55 7.55	05
(Firm/Company)			AUG :	
1490 W 4	19 Place #540		SSEE C	05 AUG 31 PH 2:23
		(Address)	Y OF STA	<i>\frac{1}{2}</i>
Hi	aleah, FL 33012	/State and Zip Code)	AIDA ATE	23
		•		
For further information	concerning this matter, please	call:		
Cristina Sola		at (305) 556-771		
	(Name of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi: Divis	EET ADDRESS: stration Section sion of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
	E. Gaines Street hassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mental Marxmen Media

<u></u>	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 08/24/2001 and assigned document number L01000014689		
SECOND	The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the limite	xd
Please add the fo	llowing persons as managing members:		
Walter Quesada 5439 NW 186 St. Miami, FL 33055		SECHETARY TALLAHASSE	05 AUG 3 I
Monica Roca-Que 5439 NW 186 St. Miami, FL 33055	esada - - -	CF STATE FLORIDA	PM 2: 23
Dated Aug	just 23		
	Signature of a member or authorized representative of a member		
	Cristina Solana		
	Typed or printed name of signee		

Filing Fee: \$25.00

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