

L01000016892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

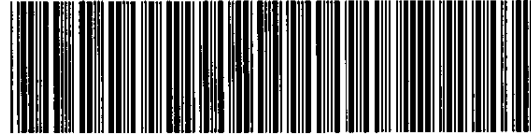
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

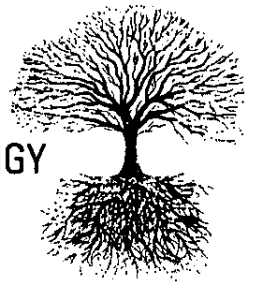
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J. BRYAN

JUL 27 2011

EXAMINER

PRODIGY



Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

July 20, 2011

Dear Registration Representative:

I'm enclosing new Articles of Amendment requesting a name change to our company. This is in response to a previous Amendment that was rejected because the name we had chosen was not distinguishable from that of an existing entity. I am not enclosing any additional filing fees as we had previously sent a check.

If you have any questions on this matter please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Claudia Oliva'.

Claudia Oliva  
Managing Director

305-328-8515 x 2

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11 JUL 25 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
11 JUL 25 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A handwritten signature in cursive script, appearing to read 'Loreto'.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PRODIGY ADVERTISING 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:

CLAUDIA OLIVA

Name of Person

PRODIGY ADVERTISING LLC

Firm/Company

18001 OLD CUTLER RD, STE 515

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

CLAUDIA@PRODIGYAD.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CLAUDIA OLIVA

Name of Person

at ( 305 ) 328-8515 EXT 2

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: *No check is enclosed as one was previously sent. This is a revision to the original application*

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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### 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**

**PRODIGY ADVERTISING 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 10-02-2001 and assigned  
Florida document number L01000016892.

This amendment is submitted to amend the following:

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

PRODIGY PROFESSIONAL GROUP LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)

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TALLAHASSEE, FLORIDA

**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**

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**CLAUDIA OLIVA**  
\_\_\_\_\_  
Typed or printed name of signee