

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
 Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
 Account Number : 076077000621
 Phone : (954) 527-2428
 Fax Number : (954) 333-4001

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ANNE.SALLEE@RUDEN.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PREGNANCY.ORG LLC**

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Corporate Filing Menu

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L-SELLERS

FEB - 2 2011

EXAMINER

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11 FEB - 1 PM 12:17

RECEIVED

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11 FEB - 1 AM 11:00

FILED



Ruden, McClosky
200 East Broward Boulevard
Fort Lauderdale, Florida 33301
(954) 764-6660 Main Office
(954) 764-4996 Main Fax

Fax Cover Sheet

To: **FL Division of Corporations**

Company:

Date: **2/1/2011 10:19:44 AM**

Fax Number: **1-850-617-6383**

Pages: **5**

From: **Sallee, Anne E.**

Direct Phone: **(954) 527-2428**

Direct Fax: **(954) 333-4028**

Client: **63833**

Matter: **0001**

**Please contact the sender for any questions, anne.sallee@ruden.com,
954-527-2428 or fax - 954-333-4028**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pregnancy.org, 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:

Mollee Bloom Bauer

Name of Person

MEBCM, LLC

Firm/Company

21976 Palm Grass Drive

Address

Boca Raton, FL 33428

City/State and Zip Code

mollee.bauer@yahoo.com

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

For further information concerning this matter, please call:

Mollee Bauer

Name of Person

at (561)

883-6243

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pregnancy.org, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

is Articles of Organization for this Limited Liability Company were filed on April 1, 2005 and assigned
ords document number L050000032494

is amendment is submitted to amend the following:

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

MEBCM, LLC

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

ter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

ter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

By 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
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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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____

By: 
Melissa Bloom Bower, Authorized Representative