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(Requestor's Name)				
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EXAMINER

COVER LETTER

TO:	Registration Second Division of Corp	tion orátions		
SUBJE	· ··	Legal	Assist, LLC	
SODUI			ed Liability Company	
		mendment and fee(s) are sub		
Please	return all correspon	dence concerning this matter	to the following:	
			Brian LaBovick Name of Person	
			Legal Assist Firm/Company	
52			5220 Hood Road	
		_	Address	
		Palm E	Beach Gardens, FL 33418	
City/State and Zip Code				
labovick@yahoo.com E-mail address: (to be used for future annual report n			abovick@yahoo.com	tion)
For fu	ther information co	ncerning this matter, please c	·	,
		n LaBovick		258400
	Name of	Person	Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 408 14 21 21 25

			TALL MEN AND	
•	Legal Ass	sist, LLC	SECRETARY	OF STATE
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on	opicie Alla SSE	THEUM UA
·		• •		
The Articles of Organization for this Limited L	iability Company	were filed on Septe	ember 6, 2006	and assigned
Florida document numberL0500008	7317			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
M	edia Maven M	arketing, LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company,"	the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	5220 Hood Road		
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 200		
		Palm Beach Gard	dens, FL 3341	8
Enter new mailing address, if applicable:		Same		
(Mailing address MAY BE A POST OFFICE	POV	Same		
Multing dudress MAT BE A FOST OFFICE	BUA)			_
			·	
B. If amending the registered agent and	or registered of	fice address on our i	ecords, enter t	he name of the ney
registered agent and/or the new registered of			•	•
	Deian LaDa	الماء		
Name of New Registered Agent:	Brian Labor	Brian LaBovick		
New Registered Office Address:	Road, Suite 200			
		Enter F	lorida street add	ress
	Palm	Beach Gardens	, Florida	33418
		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

Page 1 of 2

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 .	<u>Name</u>	Address	Type of Action
MGR	Brian LaBovick	5220 Hood Road, Suite 200 Palm Beach Gardens, FL 33418	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessar	
 			ZOLINER IN PARTY OF STATE
Dated	March 11	a member or authorized representative of a member	OF STATE STATE
	Signature on	Brian F. LaBovick Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00