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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

	tion Section of Corporations
SUBJECT:	METAVERSE MESSENGER LLC (Name of Limited Liability Company)
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	EDITA LAYE (Name of Person)
	(Name of Person)
	(Firm/Company)
	200 EXECUTIVE WAY #206
	(Address)
·	200 EXECUTIVE WAY #206 (Address)  PONTE VIDIA BEN A 32082 (City/State and Zip Code)
	(City/State and Zip Code)
For further inform	ation concerning this matter, please call:
EDIOR	KAYE at (964 734-5000 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  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

(Present Name)
(A Florida Limited Liability Company)

METAVERSE MUSSENGER

FIRST:	The Articles of Organization were filed on 7-3-07 and assigned document number		
SECOND:	This amendment is submitted to amend the following:  ARTICLE I TO CHANGE THE NAME  OF THE LIMITED WABILITY OMPA  TO READ :	- ~ -	
	i Vinnie LLC	AON 20	DIVISIO
Dated	11-6-07	)V -9 PM 1:28	FILED RETARY OF STATE N OF CORPORATIONS
	Signature of a member or authorized representative of a member  Lange Typed or printed name of signee	-	

Filing Fee: \$25.00