## L09000008181

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SECRETARY OF STATE

D. BRUCE

FEB: 1 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration : Division of Co				
SUBJECT:	MEDI-M	ARKETING LLC		
		ited Liability Company		_
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	DAYSI ROJAS			
		Name of Person		
	M	EDI-MARKETING LLC		
		Firm/Company	···	_
	4511	N HIMES AVE, STE 200	)	
		Address	·	_
		TAMPA, FL, 33614		<b>5</b>
		City/State and Zip Code	<u></u>	- [FC]
	MEDIMA	RKETING4U@YAHOO.C	OM	JAN 29 AHASSE
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report no	otification)	me ₹ m
D	AYSI ROJAS	at ( 813 )	449-4283	
Name	of Person	Area Code & Dayt	ime Telephone Num	ber OI
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 enclos	Certifi (sed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDI-MARK	ETING LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.	)	
The Articles of Organization for this Limited Liability Company	were filed on	01/26/2009	and a	assigned
Florida document numberL0900008181				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
MEDI-MARKETING (				
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Comp	any," the designation	n "LLC" or th	e abbreviation
Enter new principal offices address, if applicable:	4511 N. HIM	ES AVE, STE	200 <u>F</u>	<del>-</del> -
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL,	3361 <u>4</u>	HATA SS	<u> </u>
			SEX E	9
Enter new mailing address, if applicable:	8870 N. HIM	ES AVE, STE	128 E S	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL,	33614	- 70A	<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on e	our records, ent	er the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street	address	
	City	, Florida	Zip Co	
	City		Zip Co	ае

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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 D. If amen	ading any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	Add Add Parent P
			ILED 29 MILI. 45 SSEE, FI BATE
Dated	JANUARY 6 , 20	09	
	Signature of a member	or authorized representative of a member	
		DAYSI ROJAS or printed name of signee	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00