## L040W000 8181

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(Address)				
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B. KOHR

MAY 2 5 2010

**EXAMINER** 

10 MAY 24 PM 1: LS

## **COVER LETTER**

	on Section f Corporations			A).			
SUBJECT:	MEDI-MARKETI	MEDI-MARKETING CONSULTING, LLC					
SUBJECT.		ited Liability Company		10 MJ 24 84			
The enclosed Artic	es of Amendment and fee(s) are su	bmitted for filing.		23			
Please return all co	rrespondence concerning this matte	r to the following:		•			
		DAYSI ROJAS					
	Name of Person						
	MEDI-MARKETING CONSULTING, LLC						
	Firm/Company						
	451	4511 N HIMES AVE STE 200					
	<del> </del>	Address					
		TAMPA,FL,33614					
		City/State and Zip Code					
	MEDIMA	RKETING4U@YAHOO	.COM				
For further informa	E-mail address: ( tion concerning this matter, please o	to be used for future annual report	notification)				
	DAVOLDO IAO	0.40	074 0005				
N	DAYSI ROJAS ame of Person	at ( <u>813)</u> Area Code & Da	374-2265 hytime Telephone Number				
Enclosed is a check	for the following amount:	,					
\$25.00 Filing F	See \$\sqrt{\$30.00}\$ Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	e of Status &			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations ng re Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDI-MARKETING  (Name of the Limited Liability Compa (A Florida Limited I	CONSULTIN	G, LLC rs on our records.)	and assigned
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	01/26/2009	and assigned
Florida document numberL0900008181			
This amendment is submitted to amend the following:			<b>T</b>
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Comp	any," the designation "L	C" or the abbreviation
Enter new principal offices address, if applicable:	4511 N HIMES AVE STE 200		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA,FL,3	3614	<u>.</u>
Enter new mailing address, if applicable:	2701 N HIME	ES AVE STE 202	-
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA,FL,3		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	e name of the new
Name of New Registered Agent:	<del> </del>	·	
New Registered Office Address:			
	En	ter Florida street addr	ess
	City	, Florida	Zip Code
	Cuy		zip Coae

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 ♣ Ma MGRM = N	nager ∕Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
<u></u> -			<b>-</b> 
	.12	wo M	_
Dated	May, 13, 20		
	Signature of a member  Day  Typed	or authorized representative of a member  S D D S  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00