

LOGUWU 8181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

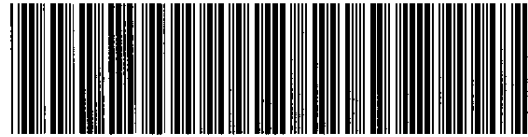
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/10--01055--013 **30.00

B. KOHR

MAY 25 2010

EXAMINER

10 MAY 24 PM 1:45

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDI-MARKETING CONSULTING, 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:

DAYS ROJAS

Name of Person

MEDI-MARKETING CONSULTING, LLC

Firm/Company

4511 N HIMES AVE STE 200

Address

TAMPA, FL, 33614

City/State and Zip Code

MEDIMARKETING4U@YAHOO.COM

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

For further information concerning this matter, please call:

DAYS ROJAS

Name of Person

at (813)

374-2265

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

RECEIVED
DIVISION OF CORPORATIONS
10 MAY 24 PM 1:45

10 MAY 24 10 11 AM '45
LIBRARY OF CONGRESS
and assigned

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May, 13, 2010

Signature of a member or authorized representative of a member

Daisy Rojas
Typed or printed name of signee