

L09000008181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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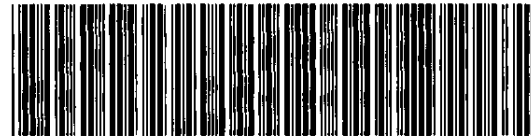
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 13 2010

EXAMINER

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:

YARLENIS GUANCHE

Name of Person

MEDI-MARKETING CONSULTING,LLC

Firm/Company

5606 N HABANA

Address

TAMPA,FLORIDA,33614

City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YARLENIS GUANCHE

Name of Person

at (813)

810-9204

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDI-MARKETING CONSULTING,LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01-26-2009 and assigned
Florida document number L09000008181

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5606 N HABANA

TAMPA,FLORIDA,33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5606 N HABANA

TAMPA,FLORIDA,33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

YARLENIS GUANCHE

New Registered Office Address:

5606 N HABANA

Enter Florida street address

TAMPA

City

Florida

33614

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.

[Signature]
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAYSI ROJAS	4511 N HIMES AVE STE 200 TAMPA, FLORIDA, 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YARLENIS GUANCHE	5606 N HABANA TAMPA, FLORIDA, 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WALTER BORJAS	4511 N HIMES AVE STE 200 TAMPA, FLORIDA, 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WALTER BORJAS	5606 N HABANA TAMPA, FLORIDA, 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 15, 2010.

Yarlenis Guanche
Signature of a member or authorized representative of a member
YARLENIS GUANCHE
Typed or printed name of signee