

L09000077264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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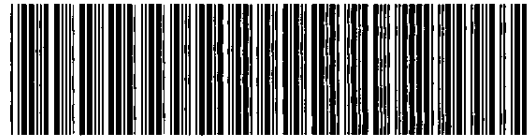
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

NOV - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regional Multi-Media Services 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:

Ralph Pierro
Name of Person

Firm/Company

461 NW 78 Ave M
Address

MARGATE FL 33063
City/State and Zip Code

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

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For further information concerning this matter, please call:

Ralph Pierro at (954) 708-5121
Name of Person 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

PLEASE Add ENZA SALAMONE AS Mgm

Ralph Pierro *[Signature]*

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Regional MultiMedia Services 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 _____ and assigned
Florida document number LO9000077264

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."

Principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

461 NW 76 AVE
MARGATE FL 33063

Enter new mailing address, if applicable:

registered agent and/or the new registered office address here:

New Registered Office Address:

_____, Florida _____
City State

New Registered Agent's Signature, if changing Registered Agent:

I, _____, do hereby certify that I am a resident of the State of Florida 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
_____ company has been notified in writing of this change.

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TALLAHASSEE, FLORIDA

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	ENZA SALAMONE	461 NW 76 AVE MARGATE FL 33063	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10-28-10

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TALLAHASSEE, FLORIDA

Ralph Pierro
Signature of a member or authorized representative of a member
RALPH PIERRO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

PLEASE ADD ENZA SALAMONE AS MGRM THANK YOU
RALPH PIERRO Ralph Pierro