## L10000011343

Office Use Only



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H JUL II PH 3: 29
SECRETARY OF STATE

J. BRYAN

JUL 12 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	QVIST PUBLIC RELATIONS LLC		
		nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
			要点一个
	MEGAN LOVE BLOMO		
		Name of Person	H JUL 11 PH 3: 28 SECRETARY OF STATIONS SECR
		Firm/Company	F 5 7 3: 2
1:		54 BARBADOS DRIVE	
		Address	<del></del>
		JUPITER, FL 33458	
	City/State and Zip Code		
	MEGANI E-mail address:	BLOMQVIST@YAHOO.COM (to be used for future annual report notific	dation)
For further information	concerning this matter, please	·	,
MEGAN	LOVE BLOMQVIST	at ( 561 ) 3	39-5721
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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:
Division of Corporations P.O. Box 6327		Division of Corporat Clifton Building	ions

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLB CONSULTING SERVICES LLC

( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L10000011343	ty Company were filed on <u>F</u>		
This amendment is submitted to amend the following	g:	SSEE, FL ST	
A. If amending name, enter the new name of the	<u>limited liability company he</u>	E: 7.00 2.	
QVIST P	UBLIC RELATIONS LLC	in the second second	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on o	our records, enter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	

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.

New Registered Agent's Signature, if changing 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 **Title** Name **Type of Action Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 6 2011 Signature of a member or authorized representative of a member MEGAN LOVE BLOMQVIST Typed or printed name of signee

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Filing Fee: \$25.00