## #L/000023488

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K. SALY EXAMINER NOV 2 2 2010

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	Litigation & Mai	rketing Solutions LLC.		
SOBJECT.		ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:	,	
		Romain Ly Name of Person		
	Litigation	& Marketing Solutions LLC. Firm/Company		
13533 Meadow Bay Loop Address				
		Orlando Fl, 32824 City/State and Zip Code		
	E-mail address: (t	R.ly@Imsolns.com o be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	all:		
Romain Ly Name of Person		at ( <u>407)</u> 33	25-8424 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

19 NOV 19 PM 4: 03

Litigation & Market (Name of the Limited Liability Compa (A Florida Limited I	<u>ing Solutions</u>	LLC.	13. 13. 13. 13. 13. 13. 13. 13. 13. 13.
(A Florida Limited I	Liability Company)	its on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	<i>03/02/</i> 2010	and assigned
Florida document number <u>L10000023488</u> .			
This amendment is submitted to amend the following:		٠	
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
LITIGATION & MANAGEM			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	13533 Meado	ow Bay Loop	
(Principal office address MUST BE A STREET ADDRESS) Orlando FL, 32824		32824	
	<del>.</del>		
Enter new mailing address, if applicable:	301 East Pine	e Street,	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 105		
	Orlando FL, 3	32801	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Florida street address		
	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	MGRM = Managing Member						
Title	<u>Name</u>	Address	Type of Action				
<u> </u>			Add Remove				
			Add Remove				
	<del></del>		Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_				
			_ _				
Dated	(form	210					
		or authorized representative of a member					
	Typed	Romain Ly or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00