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(Re	equestor's Name))					
(Ad	ldress)						
(Ad	ldress)						
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(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: MEDIA DISTRIBUTORS INTERNATIONAL LLC									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Articles of Correction and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
FREDD E. MONTOYA									
Name of Person									
THE EXECUTIVE FINANCIAL GROUP									
Firm/Company									
10181 NW 58TH ST UNIT 9									
Address									
DORAL, FL 33178									
City/State and Zip Code									
freddmontoya@theexecutivefinancialgroup.com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
FREDD MONTOYA at (305) 463-0155									
Name of Person Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS: MAILING ADDRESS:									
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations									
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314									
Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy									

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>.</u> .	The name of the limited liability company is: MEDIA DISTRIBUTORS INTERNATIONAL LLC									
SECO	COND : The articles of organization or the application to transact business				sact business						
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT											
		ontains an incorrect statement. The incorrect statement, the reason the statement is correct, and the corrected statement are as follows:									
	<u>OR</u>										
√	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: ADD: TITLE MGR										
		BLANCA TORRES									
	151 CRANDON BLVD UNIT 528										
		KEY BISCAYNE FL 33149 US									
Dated:		APRIL 29	,	2010	,						
		Romelia Valley	<u>o_</u>								
	Signature of a member or authorized representative of a member										
	ROMELIA VALLEJO										
	Typed or printed name of signee										
		Filing Fee: Certified Copy:		\$25.00 \$30.00 (op	tional)	ECRET	AWN 0				

CR2E062 (08/05)

O MAY -3 PM 12: 39 ECRETARY OF STATE