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11 JUL 15 PHIZE BE SEUNGTARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

JUL 18 2011

EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT:	MEDIPRINT, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of Am	endment and fee(s) are submitted for filing.					
Please return all corresponde	ence concerning this matter to the following:					
	Jennifer Beckett Name of Person					
-	Medi Print, LLC Firm/Company					
-	703 SE 14 th Ave					
-	Address Ocala, FL 34471 becket Fity/State and Zip Code Foster @ med print					
	toster @ mediorint 11c, cone					
- :	E-mail address: (to be used for future annual report notification)					
For further information conc	ibecket City/State and Zip Code toster @ mediprint 11c. const E-mail address: (to be used for future annual report notification) erning this matter, please call:					
Jennifer	Beckett at (352) 427-5023 Properties at (352) Area Code & Daytime Telephone Number					
Name of Pe	Area Code & Daytime Telephone Number					
Enclosed is a check for the for \$25.00 Filing Fee	ollowing amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Registratio	S ADDRESS: STREET/COURIER ADDRESS:					

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MEDIPRIN	VT, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on	3/9/11	and assigned
Florida document number <u>L110000 28934</u>		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	703 8	SE 14 th Ave FL 34471	E_C ,
(Principal office address MUST BE A STREET ADDRE	ssi Ocala,	FL 34471	I A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	703 Ocala,	SE 14 th Ave , FL 344	SSEE. AND BELLE
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		ır records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Jennifer C. L 703 SE 14 ^t	3ecke++	
New Registered Office Address:	703 SE 14	^h Ave	
•	Enie	er rioriaa sireet aaa.	ress
	Ocala City	, Florida	3 44 7/
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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>	Name	Address	Type of Action
MGRM	Janet Soto	1031 SE 28th St Ocala, FL 34471	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necessa	11 JUL 15 BH 2 BE
Dated	July 11, 2	OII. Deckett	
	Signature of a memb Jenniter Type	er or authorized representative of a member Becke H d or printed name of signee	- Mark you
	.,,	Page 2 of 2	Mank

Filing Fee: \$25.00