

2013/02/20 13:38

Gibbons, Neuman

(813) 877-2900

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Division of Corporations

L120000055408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GIBBONS, COHN, NEUMAN, BELLO & SEGALL & ALLEN, P.A.
Account Number : 120000000178
Phone : (813) 877-9222
Fax Number : (813) 877-9290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gtgardner@verizon.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST OF HEALTH TAMPA BAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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EXAMINER

FEB 21 2013

2013/02/20 13:39

Gibbons, Neuman

(FAX) 8138779290

P. 002/005

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best of Health Tampa Bay, 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:

Gary A. Gibbons, Esquire

Name of Person

Gibbons Neuman Bello Segall Allen & Halloran, P.A.

Firm/Company

3321 Henderson Blvd.

Address

Tampa, Florida 33609

City/State and Zip Code

gtgardner@verizon.net

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

For further information concerning this matter, please call:

Gary A. Gibbons

Name of Person

813 877-9222

at (

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

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

BEST OF HEALTH TAMPA BAY, 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 April 24, 2012 and assigned
Florida document number L12000055408.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gardner Media Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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U.S. DEPARTMENT OF JUSTICE

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Gibbons, Neuman

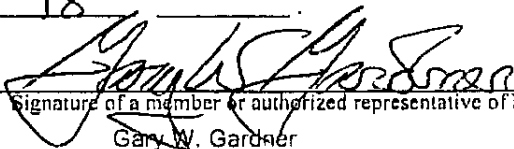
(FAX) 8138779290

P. 005/005

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

Dated FEBRUARY 18 2013



Signature of a member or authorized representative of a member

Gary W. Gardner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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