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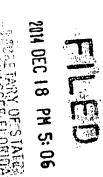
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WEST STEET

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HEDINOT RST 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:	
Tania Nino Martine 2 Name of Person MEDINUT R8+ LLC	
Name of Person	
MEDINUT RST LLC	
6281 NW 145+	
Sunrix Floring 333/3 Chy/State and Zip Code	
MeDinotrha hotmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
305 (848 09 42 at (954) 376 94 85 Name of Person Area Code Daytime Telephone Number	OH DEC
(additional copy is enclosed) Certified C	e of Status

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

MEDIAUT KST LIC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $6/12$ Florida document number 120007115 .	12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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:	Approximation and the second s
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recent registered agent and/or the new registered office address here:	ords, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	ddress
Emer Frontal Street an	me -
City	, Florida <u>France Page</u>
New Registered Agent's Signature, if changing Registered Agent:	i i i i i i i i i i i i i i i i i i i

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 605, 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00

