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SECRETARY OF STATE
TALLAHASSEE, FINALE

D. BRUCE
JUN 2 9 2009
EXAMINER

## **COVER LETTER**

Division of Co	rporations		•	
SUBJECT:	Dispute Resolution	& Education Cent	er.II.C	,
SUBJECT:				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		-
Please return all corresp	ondence concerning this matter	to the following:		·
		Mary Kinberg		
•	Name of Person			
Kinberg Mediation & Arbitration Group, LLC				
	-			
		Address		-
Melbourne, FL 32935				₽u o
	09 JI SECRI			
	E-mail address: (	kinberg@kblegal.com to be used for future annual repo	ort notification)	JUN 26 CRETARY AHASSE
For further information	concerning this matter, please of	eall:		
N	lary Kinberg	at ( <b>321</b> )	259-1910	FD PHI2: 48 of state e. florid,
	of Person		Daytime Telephone Numbe	- DF &
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 en	nclosed) Certified	ate of Status &
MAII	LING ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UISPUTE RESOLUTION & E	ducation Co	enter, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company	)		
The Articles of Organization for this Limited Liability Company Florida document numberL0400005829	were filed on	January 21, 2004	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :		
Kinberg Mediation & Ar	bitration Grou	p, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Com	pany," the designation "	LLC" or the a	abbreviation
Enter new principal offices address, if applicable:			and Advisor	
(Principal office address MUST BE A STREET ADDRESS)			<u>irg</u> 9	
·			NO PER PER	
			26 ARY SSE	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			108 V	O_
			6 H	
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, enter	the name o	of the nev
Now Posistered Office Address				
New Registered Office Address:	Enter Florida street ad	dress		
	. Florida			
	City		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

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 **Title** Name 1 **Address** Type of Action ∏Add Remove ☐ Add Remove Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 23 Dated \_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Mary Kinberg
Typed or printed name of signee