107000074995

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SECRETARY OF STATE

S. WARREN 0CT 2 0 2017



October 11, 2017

KAREN A PELOT 10524 MOSS PARK ROAD, SUITE 204-128 ORLANDO, FL 32832

SUBJECT: KAREN PELOT MEDIATIONS, LLC

Ref. Number: L07000074995

We have received your document for KAREN PELOT MEDIATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P13000097811 PERSPECTIVE, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 817A00020562

COVER LETTER

TO: Registration So Division of Cor			
Karen Pelo	ot Mediations, LLC		
Sobject.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
,	ondence concerning this matter	-	
	Karen A. Pelot		
		Name of Person	
	Perspectives, LLC		
		Firm/Company	
	10524 Moss Park Road, S	uite 204-128	
		Address	
	Orlando, Florida 32832		
	karen@perspectiveslle com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please c	all:	
Karen A. Pelot		407 488-8301 at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karen Pelot Mediations, LLC	•	
(Name of the Limited 2)	Liabil ty Company as it now appears on (Florida limited Liability Company)	our records.
The Articles of Organization for this Limited Lieb Florida document number L07000C74995	ility Company were filed on 67/19/20	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	·
Perspectives US, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Y. d		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A FOST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		
New Registered Office Address.		·
New registered Stilles Madiess.	Enter Florida su	reet asidress
		, FloridaZip Code
	'	Zip Cod≥
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change	and complete performance of my a red agent as provided for in Chapt istered office address, I hereby co	havies, and I am familiar with and ter 605, F.S. Or, if this document is infirm that the limited diability.
	rage 1 of 5	≅≒ \

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> Address ☐ Remove _□ Remove _□ Change _□ Add _□ Remove _□ Change □ Add □ Remove _□ Change □ Add □ Remove _

Change

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Filing Fee: \$25.00