

**08000106864**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**APR 13 2009**

**EXAMINER**



**200148514462**

04/10/09--01007--020 \*\*60.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 10 PM 2:37

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: US Mediation Center, 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:

Manny Singh  
(Name of Person)

The Law offices of Manny Singh, P.A.  
(Firm/Company)

6610 North University Drive - 220  
(Address)

Tamarac, Florida 33321  
(City/State and Zip Code)

For further information concerning this matter, please call:

Manny Singh at ( 954 ) 722-1300  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SECRETARY  
DIVISION OF  
09 APR 10 PM 2:37

US Mediation Center, 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 November 17, 2008 and assigned Florida document number L08000106864.

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)**

1217 NE 9th Avenue  
Ft. Lauderdale, FL 33304

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1217 NE 9th Avenue  
Ft. Lauderdale, FL 33304

**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:

Rajesh Bhalla

New Registered Office Address:

1217 NE 9th Avenue

(Enter Florida street address)

Ft. Lauderdale

(City)

, Florida

33304

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Manny Singh	6610 North University Drive - 220 Tamarac, Florida 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rajesh Bhalla	6610 North University Drive # 220 Tamarac, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rajesh Bhalla	1217 NE 9th Avenue Ft. Lauderdale, FL 33304	<input checked="" 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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
RAJESH BHALLA  
Typed or printed name of signee