## L08000117480

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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
L08-117480			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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S. HAWKES

APR -7 2009

**EXAMINER** 





## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2009

GEORGE E RIDGE COOPER, RIDGE, LANTINBERG & SAFI, P.A. 136 EAST BAY STREET SUITE 301 JACKSONVILLE, FL 32202

SUBJECT: FIRST COAST MEDIATION CENTER, LLC.

Ref. Number: L08000117480

We have received your document for FIRST COAST MEDIATION CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Letter Number: 609A00011620

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6397 -Tallahassee, Florida 39314

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: First Co	oast Mediation Center
DOCUMENT NUMBER: <u>L080001</u>	17480
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
	George E. Ridge, Esq.  Jame of Contact Person)
	, and the second
Coop	per, Ridge, Lantinberg & Safi, P.A.  (Firm/ Company)
136	East Bay Street, Suite 301 (Address)
***************************************	Jacksonville, FL 32202 City/ State and Zip Code)
For further information concerning this ma	atter, please call:
George E. Ridge, Esq. (Name of Contact Person)	at ( 904 ) 353-6555  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
✓\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Coast 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 Liabili	ity Company were filed on December 29, 2	2008 assigned
Florida document number L08000117480	'	LCC PR
This amendment is submitted to amend the following	ng:	20 P
A. If amending name, enter the new name of the	limited liability company here:	7, 9
First Coast Mediation and Arbitration, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<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:	address here:  (Enter Florida	street address)
_		lorida(Zip Code)
	(,)	(2.5 00.0)

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			= ,
		1	dd Remove
			Add Remove
			Add- Remove
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			<del>_</del>
D. If amendi	ng any other information, enter chan	•	
			144444
Dated April 15	Acae 5.	er or authorized representative of a memb	ner
_	George E. Ridge, Esq.	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00