

# L10000042924

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(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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2011 MAR 28 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAR 29 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dispute Resolution Management, 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:

**Peter A. Robertson**

Name of Person

**Dispute Resolution Management, LLC**

Firm/Company

**5547 A1A South, Suite 108**

Address

**St. Augustine, FL 32080**

City/State and Zip Code

**peter@robertsonfirm.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Peter A. Robertson**

Name of Person

at ( **904** ) **853-2612**

Area Code & Daytime Telephone Number

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 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**

**FILED**

**2011 MAR 28 PM 4:50**

Dispute Resolution Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 21, 2010 and assigned  
Florida document number 10000042924.

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:

5547 A1A South, Suite 108

**(Principal office address MUST BE A STREET ADDRESS)**

St. Augustine, FL 32080

Enter new mailing address, if applicable:

5547 A1A South, Suite 108

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

St. Augustine, FL 32080

**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:

Peter A. Robertson

New Registered Office Address:

5547 A1A South, Suite 108

*Enter Florida street address*

St. Augustine

, Florida

32080

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Peter A. Robertson	5547 AIA South, Suite 108 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Kristin M. Davis	5547 A1A South, Suite 108 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Justin Mowitz	5547 A1A South, Suite 108 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Peter A. Robertson	5213 SW 91st Drive, Suite 10 Gainesville, FL 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Kristin Davis	5213 SW 91st Drive, Suite 10 Gainesville, FL 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Justin Mowitz	5213 SW 91st Drive, Suite 10 Gainesville, FL 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove


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

The address for the members has changed and that is the change noted above.

The identity of the members has not changed, simply their addresses.

Dated

March 24, 2011

  
Signature of a member or authorized representative of a member

Peter A. Robertson

Typed or printed name of signee

2011 MAR 28 PM 5:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED