L100000b687

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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11 JAN 21 PH 4: 34

T. HAMPTON

JAN 8 4 2011

EXAMINER

COVER LETTER

10:	Division of Con				
SUBJE	CT:	Wiesen D	ispute Resolution , L. L. C.		
00202		Name of Lim	ited Liability Company		
		Amendment and fee(s) are subondence concerning this matter	•		
	Sonya Wiesen				
			Name of Person		
		Wie	esen Dispute Resolution , L.L.C.		
	Firm/Company				
	742 9th Ave N.				
			Address		
	St. Petersburg, FL 33701				
		swi	City/State and Zip Code esen.HCS@gmail.com		
		E-mail address: (to be used for future annual report notification)		
For furth	ier information o	concerning this matter, please of	call:		
	So	nya Wiesen	at (727) 366-7922 Area Code & Daytime Telephone No		
	Name o	f Person	Area Code & Daytime Telephone No	umber	
Enclosed	d is a check for the	he following amount:			
\$25.0	00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed)	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	



RECEIVED

11 JAN 21 PM 4:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 20, 2010

SONYA WIESEN 742 9TH AVE N ST PETERSBURG, FL 33701

SUBJECT: WIESEN DISPUTE RESOLUTION, LLC

Ref. Number: L10000066187

We have received your document for WIESEN DISPUTE RESOLUTION, LLC and your check(s) totaling \$30.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

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. Adding of Florida or Florida to the end of the name is not acceptable. 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 end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P99000030608 (HUMAN CAPITAL SOLUTIONS, 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 110A00029373

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JAN 21 PM 4: 84

	Wiesen Disp	ute Resolution, L	.LC	
(<u>Na</u>	me of the Limited Liability C (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)	
The Articles of Organization f	or this Limited Liability Con	npany were filed on	06/22/2010	and assigned
Florida document number	L10000066187			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	d liability company he	<u>re</u> :	
	HumaniCa	p Solutions, LLC		
The new name must be distingui "L.L.C."	shable and end with the words	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MU.	ST BE A STREET ADDRES	<u>SS)</u>	,	· · · · · · · · · · · · · · · · · · ·
				<u>. </u>
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the registered agent and/or the r			our records, <u>enter t</u>	he name of the new
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:			
	Enter Florida street address 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	· Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u>.</u>		Add Remove
			Add Remove
D. If ar	-	age(s) here: (Attach additional sheets, if necessary, iation Services but I would like to add Hun	
	Resources Consulting and Staffing	services as well.	s s
			ECRETARY SION OF C
Dated _	January 19 , 2	2011	OF STATE DRPORATIO
	Signature of a memb	er or authorized representative of a member	SHOILS
	Tyne	Sonya Wiesen d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00