11000088672

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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE

COVER LETTER

	istration Section ision of Corporations	/			
SUBJECT:	MEDIATION SETTLEMENT SOLUTIONS, LLC				
20	(Name of Limited Liability Company)				
Ĩ					
The enclosed	Articles of Amendment and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matter to the following:				
	Stuart P. Dawley				
	(Name of Person)				
Mediation Settlement Solutions LLC					
	(Firm/Company)	,			
	1119 Palmetto Ave., Suite 200				
	(Address)				
	Melbourne, Florida 32901 (City/State and Zip Code)				
For further in	formation concerning this matter, please call:				
Stuart P.	Dawley at (321) 543-4200 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a	check for the following amount:				
\$25.00 Fi	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &			

MAILING ADDRESS:

-14

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

MEDIATION SETTLEMENT SOLUTIONS, LLC ed 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 08/02/2011 and assigned Florida document number L11000088672 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." 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: New Registered Office Address: (Enter Florida street ad Florida (City) 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 MGRM = Managing Member

Title .		<u>Name</u>	<u>Address</u>	Type of Action		
MGRÌ	1	Stuart P. Dawley	1119 Palmetto Ave., Suite 200 Melbourne, FL 32901	Add Remove		
MGRM	<u>l</u>	Stuart P. Dawley	730 E. STRAWBRIDGE AVE., SUITE 100 MELBOURNE FL 32901 US	Add Remove		
	_			Add Remove		
	-			Add Remove		
	_			Add Remove		
	-			Add Remove		
D. If an	endin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	Article	e II - The street address of the principal	office of the Limited Liability Company shall be:	_		
	1119 Palmetto Ave., Suite 200, Melbourne, FL 32901					
The mailing address of the Limited Liability Company is:						
	1119 Palmetto Ave., Suite 200, Melbourne FL 32901					
				-		
Dated	11/2	, 2011				
Signature of a member or authorized representative of a member						
	Si	tuart P. Dawley Typed or p	printed name of signee			

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Filing Fee: \$25.00