

L11000092845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

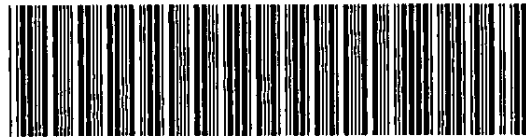
(Business Entity Name)

(Document Number)

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2013 AUG 15 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mediation.Fla, 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:

Clark Jordan-Holmes
Name of Person

Mediation.Fla, LLC
Firm/Company

3435 Bayshore Blvd, Suite 1500
Address

Tampa, FL 33629
City/State and Zip Code

Clark@MediationFla.Net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clark Jordan-Holmes at (813) 966-2626
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 AUG 15 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mediation Fla, 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 8/12/2011 and assigned
Florida document number L11000092845.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mediation For Florida, LLC
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)

3435 Bayshore Blvd.
Suite 1500
Tampa, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 172297
Tampa, FL 33601

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:

Same Agent
3435 Bayshore Blvd. Suite 1500
Enter Florida street address
Tampa, Florida 33629
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

N/A

Address Change

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR+RA	Clark Jordan-Holmes	3435 Bayshore Blvd., Suite 1500 Tampa, FL 33629	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

August 9, 2013.

Clark Jordan-Holmes

Signature of a member or authorized representative of a member

Clark Jordan-Holmes

Typed or printed name of signee

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Filing Fee: \$25.00

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