

L11000102115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

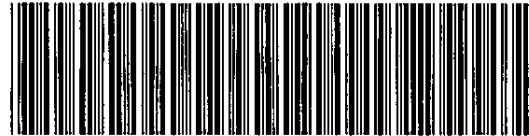
(Business Entity Name)

(Document Number)

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14 OCT 10 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Dispute Solutions Counsel, PLLC

SUBJECT: _____
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:

Carlos J. Burruezo, Esq.

Name of Person

Burruezo & Burruezo, PLLC

Firm/Company

941 Lake Baldwin Lane, Suite 102

Address

Orlando, Florida 32814

City/State and Zip Code

carlos@burruezolaw.com

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

For further information concerning this matter, please call:

Carlos J. Burruezo, Esq.

407 754-2904

at ()

Name of Person

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

**TO
ARTICLES OF ORGANIZATION
OF**

Dispute Solutions Counsel, PLLC

(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 September 7, 2011 and assigned
Florida document number L11000102119.

This amendment is submitted to amend the following:

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

Dispute Solutions, PLLC

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)

941 Lake Baldwin Lane, Suite 102

Orlando, Florida 32814

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

941 Lake Baldwin Lane, Suite 102

Orlando, Florida 32814

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:

941 Lake Baldwin Lane, Suite 102

Enter Florida street address

Orlando

City

Florida

32814

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Burruezo & Burruezo, PLL	New Address:	☒ Add
		941 Lake Baldwin Lane, Suite 102	☐ Remove
		Orlando, Florida 32814	
			☐ Add
			☐ Remove
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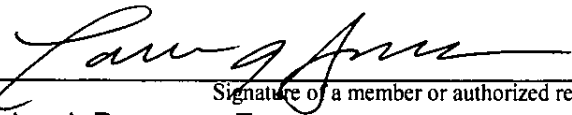
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2007

October 1, 2014

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 7, 2014



Signature of a member or authorized representative of a member
Carlos J. Burruezo, Esq.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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14 OCT 10 AM 11:00
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TALLAHASSEE FLORIDA