Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : WILSON TAX & ACCOUNTING INC. Account Number : I20150000107 Phone : (941)625-1925 : (941)625-1526 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: CREST@Taxsaversfl.net LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAM GEORGE MEDIATION GROUP LLC Certificate of Status Certified Copy Page Count 04 Estimated Charge \$25.00 FEB 12 2019

Electronic Filing Menu

Corporate Filing Menu

Help

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAM GEORGE MEDIATION GROUP LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	<u>now вареатs ол our records.</u>) Company)
The Articles of Organization for this Limited Liability Company were f Florida document numberL13000087488	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
Sam K. George Arbitration & Mediation, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office at registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the nev
	y Zip Code
New Registered Agent's Signature, if changing Registered Agent:	у гір слие
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressempany has been notified in writing of this change.	mance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Dated _	February 11			2019						
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Filing Fee: \$25.00