# L13000 109706





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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## Sunshine Professional Services, 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:

# Theresa Pappas-Furth

Name of Person

Sunshine Professional Services, LLC

Firm/Company

8955 US Hwy 301 N, #224

Address

Parrish, FL 34219

City/State and Zip Code

tpf728@verizon.net

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

For further information concerning this matter, please call:

### Theresa Pappas-Furth

Name of Person

813,943-9816

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

# ARTICLES OF AMENDMENT FILED: TO ARTICLES OF ORGANIZATION SECRETARY OF STATE TALL MIASSEE, FLORIDA

#### Sunshine Professional Services, 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 08/02/2013	and assigned
Florida document number L13000109706	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Mediation Plus, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A P A CONTRACTOR AND A
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		····
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street	t address
	, Florid	
	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 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the	te of filing:(optional)	—
effective date is listed, the date	ust be specific and cannot be more than 90 days after filing.) (605.0	— 0207
effective date is listed, the date	ust be specific and cannot be more than 90 days after filing.) (605.0	— 0 <b>20</b> 7
effective date is listed, the date	ust be specific and cannot be more than 90 days after filing.) (605.0	— 0207
December 30	ust be specific and cannot be more than 90 days after filing.) (605.0	— 0207

Page 3 of 3

Filing Fee: \$25.00

