

L13000164161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

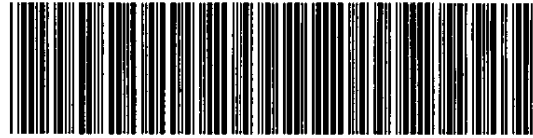
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PUBLIC
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 19 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: World Wide Mediation Service, 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:

Toney Calhoun
Name of Person

World Wide Mediation
Firm/Company

7749 Normandy Blvd Suite 334
Address

Jacksonville, Florida 32221
City/State and Zip Code

Worldwidemediation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Calhoun at (754) 202-7158
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

WorldWide Mediation Service, LLC

The Articles of Organization for this Limited Liability Company were filed on 11/22/2013 and assigned Florida document number ~~110000000000000000~~ L13000164161

Billups Assoc worldwide mediation Service LLC

(Mailing address MAY BE A POST OFFICE BOX)

SECRET
DIVISION OF INFORMATION
14 AUG 18 PM 12:39

_____, Florida _____
City Zip Code

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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DIVISION OF CORPORATIONS

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

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 08-13-2014 , _____

Toney Calhoun

Signature of a member or authorized representative of a member

Toney Calhoun

Typed or printed name of signee

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Filing Fee: \$25.00

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