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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

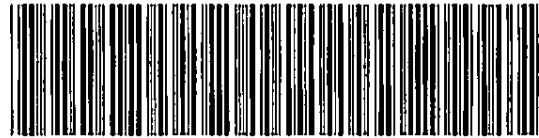
(Business Entity Name)

(Document Number)

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04/30/18--01018--030 \*\*30.00

2018 JUN -1 A B 32

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2018

DR. ISIS C CLEMENTE  
5640 CARRIAGE LANE  
DAVIE, FL 33331

SUBJECT: ORIENTATION & MEDIATION SERVICES, LLC.  
Ref. Number: L14000109424

RECEIVED  
2018 JUN -1 AM 11:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

We have received your document for ORIENTATION & MEDIATION SERVICES, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise Section A of application, and only one Registered agent can be listed on Section B of application.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00008915

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORIENTATION AND MEDIATION SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Isis C. Clemente

\_\_\_\_\_  
Name of Person

Orientation and Mediation Services LLC

\_\_\_\_\_  
Firm/Company

5640 Carriage Lane

\_\_\_\_\_  
Address

Davie, Florida 33331

\_\_\_\_\_  
City/State and Zip Code

ic@orientationandmediation.com

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

For further information concerning this matter, please call:

Dr. Isis C. Clemente

\_\_\_\_\_  
Name of Person

954

\_\_\_\_\_  
Area Code

683-3300

\_\_\_\_\_  
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

2017-11-14 10:37

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Orientation and Mediation 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 July 10, 2014 and assigned Florida document number 614A00014907.

This amendment is submitted to amend the following:

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

(Same as above)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5640 Carriage Lane

(Principal office address MUST BE A STREET ADDRESS)

Davie, Florida 33331

Enter new mailing address, if applicable:

(Same as above)

(Mailing address MAY BE A POST OFFICE BOX)

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:

Kevin J. Berthiaume

New Registered Office Address:

5640 Carriage Lane

Enter Florida street address

Davie,

Florida 33331

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.*

  
Kevin J. Berthiaume  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Kevin J. Berthiaume	5640 Carriage Ln Davie, FL 33331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ector Cabetas		<input type="checkbox"/> Add
		200 Rockcreek St, John, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Orientation and Mediation Services' logo includes the letters OMS. Therefore, due to our logo, see attached

OMS may be used in correspondence, and therefore may qualify as doing business as (dba): OMS - Just wanted to clarify that bit of information.

Second Clarification: Kevin J. Berthiaume will be assuming the role of office manager. Dr. Clemente continues to be the proprietor of the business which allows her to list the business as a Minority Woman Owned Small Bus.

Financial decisions will still remain in the hands of Dr. Clemente. However, Kevin Berthiaume will assist in the handling of the W-9 forms, arranging hourly schedules with per diem personnel as well as answering business phone calls and other general matters pertaining to the management of the office.

Ector Cabetas will not be associated with the business any longer.

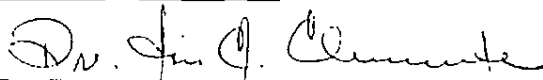
In case of death of Dr. Clemente, or should she become incapacitated to run the business, Kevin J. Berthiaume has the authority of beginning the dissolution of Orientation and Mediation Services with the help Erik Cabetas and Ector Cabetas who are Dr. Clemente's sons.

**E. Effective date, if other than the date of filing:** April 29, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 29 2018



Signature of a member or authorized representative of a member

Dr. Isis C. Clemente

Typed or printed name of signee

