

L 14 0001 55979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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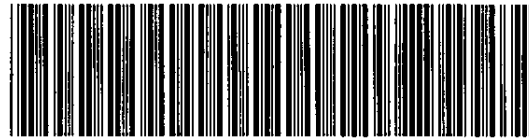
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 02 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Collaborative Conflict Resolution, PLLC**

\_\_\_\_\_  
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:

Guilene F. Theodore

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

Collaborative Conflict Resolution, PLLC

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

13014 N. Dale Mabry Hwy Suite 526

\_\_\_\_\_  
Address

Tampa, Florida 33618-2808

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

guilene.theodore@verizon.net

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

For further information concerning this matter, please call:

Guilene F. Theodore

813

843-4336

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

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

Collaborative Conflict Resolution, 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 October 6, 2014 and assigned Florida document number L14000155939.

This amendment is submitted to amend the following:

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

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: 13014 N. Dale Mabry Hwy, Suite 526  
**(Principal office address MUST BE A STREET ADDRESS)** Tampa, Florida 33618-2808

Enter new mailing address, if applicable: 13014 N. Dale Mabry Hwy, Suite 526  
**(Mailing address MAY BE A POST OFFICE BOX)** Tampa, Florida 33618-2808

**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: 13014 N. Dale Mabry Hwy, Suite 526  
Enter Florida street address

Tampa, Florida 33618-2808  
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 Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Guilene F. Theodore	501 E. Kennedy Blvd. Suite 775	<input type="checkbox"/> Add
		Tampa, Florida 33602	<input checked="" type="checkbox"/> Remove
AMBR	Guilene F. Theodore	13014 N. Dale Mabry Hwy, Suite 526	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33618-2808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

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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 29, 2014.

*Guilene F. Theodore*

Signature of a member or authorized representative of a member

Guilene F. Theodore

Typed or printed name of signee

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Filing Fee: \$25.00

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