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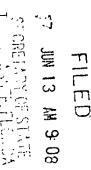
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
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D. SCOTT JUN 1 6 2017

COVER LETTER

TO:	Registration Se Division of Cor						
cin i	i I	N DIVORCE MEDIATORS,	LLC				
SUBJE	CI	Name of Lim	ited Liability Company			s &	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	return all correspo	ondence concerning this matter	to the following:				
•		LAURA CHAPIN					
		Name of Person CHRISTIAN DIVORCE MEDIATORS LLC					
			Firm/Company				
		127 NE 2ND AVE			444		
			Address		.:		
		DELRAY BEACH FL 334	144			7	
		BL6FC LAURA@BLFL.COM	City/State and Zip Code		3		
		E-mail address: (to be used for future annual report notif	fication)	4 49		
For furt	her information c	oncerning this matter, please c	all:	1	80		
LAUR	A CHAPIN		561 819-6208 at ()				
	Name o	f Person		e Telephone Number			
Enclose	ed is a check for th	ne following amount:					
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &		

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

İ	CHRISTAIN DIVORCE MEDIATORS LLC		
	(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	cords.)
1.1	of Organization for this Limited Liability Company ment number	were filed on	and assigned
This amend	nent is submitted to amend the following:		
A. If amen	ding name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name	must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."
	principal offices address, if applicable: <u>ffice address MUST BE A STREET ADDRESS)</u>	631 US /2	Ighway 2, #410 Brack FC 3340
	mailing address, if applicable:	Same as	above
<u>Mailing al</u>	dress MAY BE A POST OFFICE BOX)		3 5
1 1	nding the registered agent and/or registered of agent and/or the new registered office address here		ords, enter the name of the ne
Na	me of New Registered Agent:		
Ne	w Registered Office Address:	Enter Florida street ad	dress
			Florida
		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 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 Title **Name Address Type of Action AMBR DEBORAH BEAULIEU** 127 NE 2ND AVE ■ Add **DELRAY BEACH FL 33444** ☐ Remove ☐ Change _ Add □ Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change ☐ Change ☐ Add □ Remove

□ Change

If amending	any other informat	tion, enter ch	nange(s) here:	(Attach addi	tional sheets,	if necessa	ry.)	
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If an effective de	e, if other than the oute is listed, the date must late inserted in this blo	be specific and	cannot be prior to	date of filing or	more than 90 da	(optional)	g.) Pursuant to	605.0207
	fective date on the De			ne statutory mi	ng requiremen	, ms car	□0. =	
	pecifies a delayed day after the reco		ate, but not	an effective	time, at 12	:01 a.m.	on the ea	rlier of
MAY i	9	•	2017	_				
	XX	7		-				
		Signature of a m	ember or authori	zed representativ	e of a member	·- <u>-</u>		•
LA	URA CHAPIN							
			Typed or printed	name of signee				

Page 3 of 3

Filing Fee: \$25.00