4/600/33595

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COVER LETTER

	Registration Se Division of Cor						
eud iez		, Law & Mediation, LLC					
SUBJEC	···	Name of Lim	ited Liability Company	 			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Stuart Reed					
			Name of Person				
	Stuart Reed, Law & Mediation, LLC						
		3001 W. Hallandale Beach Blvd., Suite 304					
		Address					
		Hallandale Beach, FL 3300	99				
		City/State and Zip Code					
		StuartReedEsq@aol.com					
		E-mail address: (to be used for future annual report notific	cation)			
For furth	er information c	oncerning this matter, please ca	all:				
Stuart Re			305 725-2052				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for the	ne following amount:					
\$25.0	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

Stuart Reed, Law & Mediation, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000133595}{L16000133595}$	were filed on 07/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Law & Mediation, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC SEC
		等 第 五
		25 ASSE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		5 m 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 **Address** Type of Action Title Name __ 🗆 Add _____ Remove _____ □ Change _□ Add _□ Remove ☐ Change \square Add _□ Remove ☐ Change _ 🗆 Add ☐ Remove __ Change □ Add □ Remove _□ Change □ Add ☐ Remove

□ Change

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ective date, if other that effective date is listed, the da	i the date of filing: e must be specific and c	annot be prior to	date of filing or mo		t ional) er filing.) Pursuar	nt to 605.
<u>e:</u> If the date inserted in the ument's effective date on the contract of the	nis block does not me	et the applicab	le statutory filing	requirements, th	nis date will not	be liste
ument's effective date on	ne izeparanent or sta	ne s records.				
record specifies a del	aved effective da	te, but not	an effective ti	me. at 12:01	a.m. on the	earlie
he 90th day after the		,		7		
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cd September 15		2017	\}	1/	1/	
			T) (16	2X	
	Signature of a me	ember or authori	zed representative of	of a member		

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Filing Fee: \$25.00