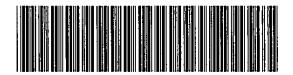
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(Re	questor's Name)	
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COVER LETTER

		stration,Sec sion of Corp					
SUBJEC	· •	Your Family	y Mediator, LLC				
SUBJEC	··· _	Name of Limited Liability Company					
The encl	losed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	all correspor	ndence concerning this matter	to the following:			
			Gail Dawson				
				Name of Person			
			Your Family Mediator Lav	v Firm, PLLC			
			** - 	Firm/Company	 		
			130 Corridor Rd., Ste.115	•			
				Address			
			Ponte Vedra Beach, FL 32	082			
				City/State and Zip Code			
			yourfamilymediator@outlo				
			E-mail address: (to be used for future annual report r	notification)		
For furth	ner inf	formation co	ncerning this matter, please ca	all:			
Gail Dav	wson			904 327-8989 at ()			
		Name of	Person	Area Code Day	time Telephone Number		
Enclosed	d is a o	check for the	e following amount:				
\$25,0	00 Fil	ling 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

Your Family Mediator, LLC (Name of the Limited Liability Co (A Florida Limi	mpany as it now appears	on our records.)	
(A Fiorida Lim	ned Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on Jan.	4, 2017 and as	signed
Florida document number L17000003514			
This amendment is submitted to amend the following:			
this amendment is submitted to amend the following.			
A. If amending name, <u>enter the new name of the limited</u>	liability company hero	e:	
Your Family Mediator Law Firm, PLLC		17 F	7.73 7.7 2 3 9.73
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the abbreviation "I	HZC"
Enter new principal offices address, if applicable:	130 Corridor Rd.,	Ste. 115 ~ ~	
Principal office address MUST BE A STREET ADDRESS	Ponte Vedra Beac	ch, FL 32082	<u> </u>
		40°	7.7. 7.7.
		02	
Enter new mailing address, if applicable:	130 Corridor Rd.,	Ste. 115	
	Ponte Vedra Beac	ch, FL 32082	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	Ponte Vedra Beac	ch, FL 32082	of
Name of New Registered Agent:			
New Registered Office Address: 130 Corrid	or Rd., Ste. 115		
	Enter Florid	la street address	
Ponte Ved	ra Beach	, Florida ³²⁰⁸²	
	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

<u>Title</u> <u>Name</u>	Address	Type of Action
		Add
		□ Remove
		Change
		Add
		Remove
	 	□ Change
		Remove
		Change
		Remove
		Change
<u> </u>		□ Ā dd ∴
		Remove 7
		PHO: 020
		02 □ Add
		□ Remove
		☐ Change
Page	2 of 3	

accurately reflect the nature of the	he professional business entity as a law firm which also provides mediation
services in addition to legal serv	ices. Specifically, please note the addition of the words "Law Firm" to the title,
as well as changing to the "PLLC	C" designation from the previous, less accurate LLC designation.
Also, the Principle Office address	ss, Mailing address and Registered Office address should all now be:
130 Corridor Rd., Ste. 115	
Ponte Vedra Beach, FL 320	82
There should be no other addres	s associated with this entity.
<u> </u>	
ive date, if other than the da fective date is listed, the date must be If the date inserted in this block	te of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to a does not meet the applicable statutory filing requirements, this date will not be l
nent's effective date on the Depart	
cord specifies a delayed e 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the ead is filed.
2/9	<u> 2017</u> .
the time	Ł
Sin	gnature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00