

418000074361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

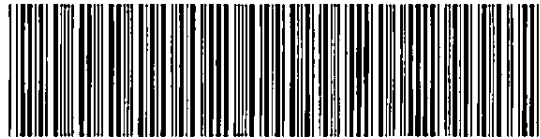
(Business Entity Name)

(Document Number)

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2024 JAN 26 PM 4:32
CLERK OF DISTRICT COURT
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boca Mediation Group, LLC
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:

Dunia Ibrahim
Name of Person

Boca Mediation Group, LLC
Firm/Company

137 W. Royal Palm Road Suite A
Address

Boca Raton, FL 33432
City/State and Zip Code

Dunia @ iawbni.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dunia Ibrahim at (561) 417-5656
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUN 26 PM 4:32
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Boca Mediation Group, 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 4/25/2018 and assigned
Florida document number L18000074361

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 contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Dunia Ibrahim

137 W. Royal Palm Road

Enter Florida street address

Boca Raton

City

Florida

33482

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Marc Brotman	137 W. Royal Palm Road	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dunia Ibrahim	137 W Royal Palm Road	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Murbbaum	137 W. Royal Palm Road	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2024 JH
100

E. Effective date, if other than the date of filing: 12/31/2023 (optional)

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.

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2021 JAN 26 PM 3:33
(b)(3) Pursuant to 505.0207, the following will not be listed as the

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 December 20, 2023


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Marc Botmeln

Typed or printed name of signee

Filing Fee: \$25.00