112000176084

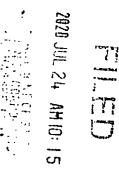
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JUL 2 4 2020 S. YOUNG



May 14, 2020

KRISTOPHER LONG PO BOX 120003 WEST MELBOURNE, FL 32912

SUBJECT: LONG'S MEDIATION AND PARALEGAL SERVICES LLC

Ref. Number: L18000176084

We have received your document for LONG'S MEDIATION AND PARALEGAL SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2019 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2019 through 2020; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 820A00009869

COVER LETTER *

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	ocrations			
	LONG'S ME	EDIATION AND PARALEG	AL SERVICES LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
	•	"	-		
		KRISTOPHER LONG			
			Name of Person		
		LONG'S MEDIATION A	ND DOCUMENT PREP	SERVICES LLC	
		786	Firm/Company		
		P.O. BOX 120003			
			Address		
		WEST MELBOURNE, F	L, 32912		
			City/State and Zip Code		
		Khlong media tion &	agmail com		
				report notification)	
For further in	iformation co	neerning this matter, please ea	ali:		
KRISTOPH	ER LONG		386 · 871	1-9592	
	Name of	Person	at () Area Code	Daytime Telephone l	Number
42 1 13	1 12 1	6.11			
		e following amount:			
⊟ \$25.00 F	iling Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Columbia Col	0.00 Filing Fee, ertificate of Status & ertified Copy (ditional copy is enclosed)
	ling Address		Street Ad		
-	gistration S		-	tion Section	
	ision of Co D. Box 6327			n of Corporations atre of Tallahassec	>
1.3	C DON USES		THE CEI	ide of Tallallasset	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONG'S MEDIATION AND PARALEGAL SERVICE	CES LLC	28 - T
(<u>Name of the Limited Liability Compa</u> (A Florida Linuted I	ny as it now appears on our records.) Liability Company)	The second secon
The Articles of Organization for this Limited Liability Company Florida document number L18000176084 This amendment is submitted to amend the following:		Francisco 15
A. If amending name, enter the new name of the limited liab	ility company here:	
LONG'S MEDIATION AND DOCUMENT PREP SERVICES LLI	С	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	167 Sutherland Dr. SW	
(Principal office address MUST BE A STREET ADDRESS)	Palm Bay, FL 32908	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 120003 West Melbourne, Florida 32912	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zin 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>	Name	Address	Type of Action
			🗆 Add
			i∃Remove
			□Change
			□Remove
			□ Change
			[]Add
			□Remove
			Change
			□Add
			□Remove
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	·		□Add
			□Remove
			Change
			
			🗀 Remove
			5 .3

Page 2 of 3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.		
Effective date, if other than the date of filing: (Optional) (Orian effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.		
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Dated April 17 7. 2020		
) The	
		April 17 2020

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Typed or printed name of signee

Filing Fee: \$25.00