

18000176084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W200000017818

Office Use Only



600343414996

04/29/20--01005--010 \*\*30.00

FILED

2020 JUL 24 AM 10:15

JUL 24 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2019 annual report in a timely manner.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](http://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  
Division of Corporations

SUBJECT: LONG'S MEDIATION AND PARALEGAL SERVICES 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:

KRISTOPHER LONG

Name of Person

LONG'S MEDIATION AND DOCUMENT PREP SERVICES LLC

Firm/Company

P.O. BOX 120003

Address

WEST MELBOURNE, FL, 32912

City/State and Zip Code

Khlongmediation@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTOPHER LONG

386

871-9592

at ( )

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LONG'S MEDIATION AND PARALEGAL SERVICES 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 07/20/2018 and amended

Florida document number L18000176084

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LONG'S MEDIATION AND DOCUMENT PREP SERVICES LLC

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:

167 Sutherland Dr. SW

(Principal office address MUST BE A STREET ADDRESS)

Palm Bay, FL 32908

Enter new mailing address, if applicable:

P.O. Box 120003

(Mailing address MAY BE A POST OFFICE BOX)

West Melbourne, Florida 32912

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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

[illegible]

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an 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 (3)(b)

**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.

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 April 17 2020

  
Signature of a member or authorized representative of a member

KRISTOPHER H LONG

Typed or printed name of signee