# L19000007149

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Takes a Village Name of Eim	Mediation Services ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	-	Name of Person	
	It Takes	a Village Mediatio	n Services, UC
	Po Box	X 8492 Address	
	Oakland	Park, FL 33310 City/State and Zip Code	
	ittaksay E-mail address: (	village mediation @ g	mail. Com
For further information co	ncerning this matter, please ca	ail:	
Latosh Name of	a Lewis Person	at ( <u>954</u> ) <u>413</u> - Area Code Daytime	- 980 ) Telephone Number
Enclosed is a check for the	: following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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**

	Village Mediation Services, LLC Company it now appears on our records.) Imited Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on
Florida document number <u>L1900007149</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 8497 Oakland Park, FL 33310
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the newess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered :	

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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if Bis 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

<del>--</del> **49** W If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Latosha Lewis	7901 4th St. N. Suite 300 St. Peters Durg, FL 33072	<b>D</b> Add
			□ Remove
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<u>iote:</u> [[	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier 0th day after the record is filed.
ated	March 12 2019
	Signature of a prember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00