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| (Bu                     | siness Entity Name)   |           |
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| Certified Copies        | _ Certificates of     | Status    |
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| Special Instructions to | Filing Officer:       | į         |
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SECRETANT OF STATE

## **COVER LETTER**

| Divi                         | sion of Corp  | orations                                      |   |  |
|------------------------------|---------------|---|---|--|
| SHRIFCT:                     | Carpe Diem    | Mediation LLC                                 |   |  |
| Sobsticit.                   | <del></del>   |   | ited Liability Company  |  |
|                              |               |   |   |  |
| The enclosed                 | Articles of A | mendment and fee(s) are sub-                  | mitted for filing.  |  |
| Please return                | all correspon | dence concerning this matter                  | to the following:   |  |
|                              |               | Martyn W Verster                              |   |  |
|                              |               |   | Name of Person  |  |
|                              |               | Martyn W.D. Verster, P.A.                     |   |  |
|                              |               |   | Firm/Company  |  |
| 9425 Sunset Drive, Suite 124 |               |   |   |  |
|                              |               |   | Address   | <del></del>  |
|                              |               | Miami, Florida 33173                          |   |  |
|                              |               |   | City/State and Zip Code   |  |
|                              |               | versterlaw@msn.com                            | to be used for future annual report notif                           | -  |
| For further in               | formation co  | ncerning this matter, please co               | ·   | ication)   |
| Martyn W. V                  | erster        | _   | at (305 ) 279-2713   Daytime  |  |
|                              | Name of       | Person  | Area Code Daytime   | : Telephone Number   |
| Enclosed is a                | check for the | e following amount:                           |   |  |
| <b>≡</b> \$25.00 Fi          | iling Fee     | \$30.00 Filing Fee &<br>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

TO:

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

| Carpe Diem Mediation LLC   |   |   |
|--|---|---|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I       | ny as it now appears on our records.)<br>Liability Company) |   |
| The Articles of Organization for this Limited Liability Company            | were filed on 07/17/2019                                    | and assigned                                  |
| Florida document number L19000184517                                       |   |   |
| This amendment is submitted to amend the following:                        |   |   |
| A. If amending name, enter the new name of the limited liab                | ility company here:   |   |
| Ludlam Trail Mediation, LLC  |   |   |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" of                      | or the abbreviation "L.L.C."                  |
| Enter new principal offices address, if applicable:                        |   |   |
| (Principal office address MUST BE A STREET ADDRESS)                        | 9425 Sunset Drive, Suite 124                                |   |
|  | Miami, Florida 33173  | 100 P. C. |
|  |   | AFF & T                                       |
| Enter new mailing address, if applicable:                                  |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)                                 |   | ma m  |
| Muning audites may be a 1051 Of Tice Box                                   |   |   |
|  |   |   |
| B. If amending the registered agent and/or registered of                   | ffice address on our records.                               | enter the name of the new                     |
| registered agent and/or the new registered office address her              |   | enter the hame of the next                    |
|  |   |   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street address                                | · <del></del>                                 |
|  | , Flor  | ida   |
| <del></del>  | 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

| f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being addressed from our records:</u> |             |         |                |  |  |
|--|-------------|---------|----------------|--|--|
| MGR = Manager<br>AMBR = Authorized Member  |             |         |                |  |  |
| <u>`itle</u>   | <u>Name</u> | Address | Type of Action |  |  |
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| CC. Alico Bear 18 and a Alico Alico Alico Alico Alico Bear 18 and a Company of the Company of th |                                   | August 2                            | nd. 2019                                     |                   |   |  |
| ffective date, if other than t an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the   | nust be specific<br>block does no | and cannot be pr<br>of meet the app | ior to date of filing<br>licable statutory ( | or more than 90 c | (optional)<br>lays after filing.) P<br>ents, this date wi | ursuant to 605.0207<br>Il not be listed as |
| e record specifies a delay<br>The 90th day after the r   | ed effective<br>ecord is file     | e date, but i<br>ed.                | not an effectiv                              | ve time, at 1     | 2:01 a.m. or  | the earlier of                             |
| ated August 2nd  |                                   | 2019                                | ·  |                   |   |  |
| V. 1/-   | -                                 |                                     |  |                   |   |  |

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Typed or printed name of signee

Filing Fee: \$25.00