# 119000254267

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#### **COVER LETTER**

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Registration Section

### Division of Corporations Solution-Focused Family Mediation, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Tisha Barbour Name of Person Unified Divorce Mediation, LLC Firm/Company 1343 Belfiore Way Address Windermere, Florida 34786 City/State and Zip Code UnifiedDivorceMediation@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: isha Barbour 921-3402 Name of Person Daytime Telephone Number iclosed is a check for the following amount: ☐ \$25.00 Filing Fee **\$30.00** Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy -(additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Solution-Focused Family Mediation, LLC	any as it now appears on our records.)  Liability Company)		
	any as it now appears on our records.)		
ne Articles of Organization for this Limited Liability Company orida document number 1.19000254267	Fig. 6		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	pility company here:		
nified Divorce Mediation,LLC			
te new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	1343 Belfiore Way		
Principal office address MUST BE A STREET ADDRESS)	Windermere, Florida 34786		
nter new mailing address, if applicable:	Same		
Aailing address MAY BE A POST OFFICE BOX)			
gent and/or the new registered office address here:	address on our records, enter the name of the new registered		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
Decision of Access of States of States of States of Access of States of Stat	City Zip Code		
thereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Cha	nging Registered Agent. Signature of New Registered Agent		

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member No Changes

<u>itle</u>	Name	Address	Type of Action
			□Add
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## Page 2 of 3

rective date, if other than the date of filing:  critective date, if other than the date of filing:  critective date is listed, the date must be specific and cannot be prior to date of filing or mire than 90 days after filing.) Pursuant to 605.029  gg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a unnent's effective date on the Department of State's records.  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.  del February 13  2020  Signature of a member or authorized representative of a member					
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