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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SHDIFAT | | diations, LLC | | |
| SUBJECT | : | Name of Lim | nited Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | amitted for filing | |
| | | ndence concerning this matter | - | |
| | | Alan David Stewart | | |
| | | | Name of Person | |
| | | Stewart Mediations, LLC | | |
| | | | Firm/Company | |
| | | 13014 North Dale Mabry I | Highway, Suite 329 | |
| | | | Address | |
| | | Tampa, FL 33618 | | |
| | | | City/State and Zip Code | |
| | | alanstewart3@gmail.com | | |
| | | | (to be used for future annual report notification) | |
| For further | information co | oncerning this matter, please ca | call: | |
| Alan David | l Stewart | | 813 928-1991 at ()_ | |
| | Name of | Person | Area Code Daytime Telephone Number | |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) | tus & |
| Ro | ailing Address egistration S | ection | Street Address: Registration Section | |
| | ivision of Co O. Box 632 | - | Division of Corporations | |
| | O. Box 632 illahassee, F | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stewart Mediations, 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 12/13/2019 _____ and assigned Florida document number $\underline{-1.19000304133}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Alan David Stewart Name of New Registered Agent: 13014 North Dale Mabry Highway, Suite 329 New Registered Office Address: Enter Florida street address _, Florida 33618 Ziv Code Tampa

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------------|--|---|
| MGR | Alan David Stewart | 13014 North Dale Mabry Highway, Suite 329, Tampa, FL 33618 | = Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| Remove Pia Segovia as Regi | stered Agent, as Director and as E | Authorized Person. | |
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| ctive date, if other than the | date of filing: | (op | tional) |
| e: If the date inserted in this bl | be specific and cannot be prior to dat ick does not meet the applicable: | e of filing or more than 90 days at statutory filing requirements, t | ter filing.) Pursuant to 605 his date will not be list |
| iment's effective date on the De | partment of State's records. | | |
| ord specifies a delayed effectiv filed. | date, but not an effective time, a | t 12:01 a.m. on the earlier of: | (b) The 90th day afte |
| d March 17 | 2020 | | |
| | alax D | wed Stewn | * |

Filing Fee: \$25.00