## 120000252898

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## **COVER LETTER**

BIEHL & I SUBJECT:	IUNTER MEDIATIONS, LLC		
30B/EC1.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	sheila biehl		
		Name of Person	
		Firm/Company	<u> </u>
	815 SE Osceola Street		
		Address	
	Stuart, Florida 34994		
		City/State and Zip Code	
	sbiehl@sheilabiehl.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please cal	II:	
Sheila Bichl		772 223-5353 at () Daytime	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section Division of Corporations

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

BIEHL & HUNTER MEDIATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Horida document number 1.2000252898	. <u>—</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Peace of Mind Mediations, LLC		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	Onece)	
Principal office address MUST BE A STREET ADI	<u> </u>	
Enter new mailing address, if applicable:		<del></del>
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Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register		e name of the new register
Mailing address MAY BE A POST OFFICE BOX)		e name of the new register
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new register
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register		
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here	:	e name of the new register
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	:  Enter Florida street address Flor	ida
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	: Enter Florida street address	 당
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	:  Enter Florida street address  City	ida

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Elizabeth Hunter	815 SE Osceola St.	
		Stuart, FL 34994	≣Remove
			□Add
		□Remove	
		<del> </del>	□Change
	<del></del>		□Add
			□Remove
			□Change
		□Add	
		□Remove	
	-	□Change	
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			□Change

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f an eff <u>Note:</u>	ve date, if other than the date of filing:
recor d is fil	d 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 ed.
Dated	8-19 2021 Shife Bill
	Signature of a member or authorized representative of a member
	Sheila Biehl
	Typed or printed name of signce

Filing Fee: \$25.00