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(Req	uestor's Name)	-
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
		
(Busi	iness Entity Na	me)
(Doc	ument Number))
Cartified Canina	Cartificata	a of Chatus
Certified Copies	Certificate	s or Status
Special Instructions to F	iling Officer:	
		9/24/21
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Office Use Only



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21 SET 15 PH 3: 08

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: _	Disput	E NATION	LC		
	Name of Lir	nited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
	GEO	VANNA ARIAS	<u> </u>		
		Name of Person			
		DISPUTE NATI	ON LLC		
	Firm/Company				
	LVD 2404				
Address					
	MiAni FL 33132				
		City/State and Zip Code			
Tony@ accuracy tax services. con					
		to be used for future annual	report notification)		
	ncerning this matter, please c	all:			
Geovanna	Ailas	m / 786 s	381 6427		
Name of	Person	Area Code	381 6427 Daytime Telephone Number		
Enclosed is a check for the	following amount:				
≸ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &		
Mailing Address:		Street Ad			
Registration Section Division of Corporations		Registration Section			
P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FI		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 ST 15 FN 3: 08

Dispute	NATION	LLC	
(Name of the Limited Liability Compa (A Florida Limited			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	08 24 2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>iere</u> :	
	-		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)			<u></u> _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our i	records, enter the	name of the new registered
Name of New Registered Agent:			58
New Registered Office Address:	Post Pl	<u> </u>	
	tanter Flo	rida street address	
	Cin	, Florida	
	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

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 21 SE* 15 PH 3: 08 AMBR = Authorized Member Title Name. Address Type of Action GEOVANNA ARIAS Biscayne BLVD 2404 RAdd AMBR 900 Miani FL 33132 __ □Remove □ Change _ □Add _ □Remove □ Change _____ 🗆 Add _ □Remove ____ □Change _____ _ 🗀 Add _ □Remove _ □Change _ □Change ____ □Add

____ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	21 8: 5/13 11: 3
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an effec lote: It	te date, if other than the date of filing:
record is filed	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 d.
ited _	September 08 2021
	A. A.
	Signature of a member or authorized representative of a member
	GEOVANNA ARIAS

Filing Fee: \$25.00