L21000380081

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PICK-UP WAIT	MAIL
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Registration Section

TO:

Division of C	Corporations		
SUBJECT:	DISPUT	E NATION LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		RAY BUENO	
		Name of Person	
	I	DISPUTE NATION LLC	
		Firm/Company	***
		218 NW 24TH ST	
		Address	
		MIAMI, FL 33127	
		City/State and Zip Code	
		NO@DISPUTENATION.CO	
		to be used for future annual report no	dification)
For further informatio	n concerning this matter, please c	ali:	
RAY	BUENO	at (786) 744-247	' 4
Nam	e of Person		me Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection
-	Corporations	Division of Co	
P.O. Box 6		The Centre of	
Tallahassec	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DISPUTE NATION LLC		
(Name of the Limite	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	8/24/2021	and assigned
Florida document numberL21000380081			
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,,, the d	lesignation "LLC,, or the ab	breviation "L.L.C.,,
Enter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T ADDRESS)	ь	- 2 - 2 - 3
		**	
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Inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u></u>	MC:	- _
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		₹. ≽	W .
B. If amending the registered agent and/or regent and/or the new registered office addres	9	ecords, enter the nam	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:	218 NW 24TH ST		
	Enter Flor	rida street address	
	MIAMI	, Florida	33127
	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 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>	<u>Name</u>	Address	Type of Action
AMBR	ARIAS, GEOVANNA	900 BISCAYNE BLVD	□Add
		2404	■ Remove
		MIAMI, FL 33132	☐Change
			□Add
			□Remove
		 	☐Change
			→ S □Add
			Remove ☐
			Change
			□Add
			□Remove
			☐ Change
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			□Remove
			☐ Change

								
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I ective d in effective	ate, if other that date is listed, the date	in the date of file	ling:	ior to date of film	a or more than 00 d	_ (optional)		
<u>)te:</u> 11 (11	e date inserted in t	unis biock does no	of meet the app	dicable statutory	g of more than 90 to / filing requireme	ays alter ning.) P ents, this date wi	ursuant to 600 Ill not be list	0.020 ted a
cument's	effective date on	the Department of	of State's recor	ds.				
ecord spe is filed.	cifies a delayed ef	fective date, but i	not an effective	e time, at 12:01	a.m. on the earlie	er of: (b) The 9	00th day afte	er the
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_		Signature of	a member or au	thorized represen	tative of a member	· · · · · · · · · · · · · · · · · · ·		