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SECRETARY OF STATE

J. BRYAN

APR 2 1 2008

EXAMINER

COVER LETTER

TO: Registration S Division of C				
(Na DOCU	GATION MASTERS me of Florida Limited Part JMENT # A030000 cate of Amendment an	nership or Limited L	Liability Limited Partnership	p)
	espondence concernin	, ,	5.	
RONALD E.	SOMERS (Contact Person)			
	(Firm/Company)		_	DIVISION AL
1290 Cour	t Street (Address)			PR 18
	er, FL 33756 City, State and Zip Code)			08 APR 18 PM 1: 28
For further informati	on concerning this ma	tter, please call:		28
Ronald E. (Name of Conta		at (<u>727</u>) 441-1088 and Daytime Telephone Nu	
•	or the following amou		·	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	X\$105.00 Filing and Certified Copy		nd
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 323	ions er Circle	Registra Division P. O. Bo	ANG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

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NDMENT	S PO STORY
PARTNERSHIP	8 18 P
LLP	
Department of State)	23

MITIGATION MASTERS, L (Insert name currently on file with Florida Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 11, 2003, adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here: STC MITIGATION. (New name must be distinguishable and contain an acceptable suffix.) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 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: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(If Changing Registered Agent, Signature of New Registered Agent)

<u> Citle</u>	<u>Name</u>	Address	Type of Action
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	<u></u>		Damaria
l partnei nis Limite	ship" status, enter change ed Partnership hereby elects	to be a "Limited Liability Limite	amending its "limited liabiled
nis Limite	ed Partnership hereby remov	es its "Limited Liability Limited	l Partnership" status.
: If adding	g or removing" limited liability li ·	mited partnership" status, all genera	ıl partners must sign this amendme
mending	any other information, enter	change(s) here: (Attach addition	nal sheets, if necessary.)
		•	

Effective date, if other than the date of filir (Effective date cannot be prior to nor more than 90	ng: days after the dat	e this document is filed l	by the Florida Department of
State.)	,		
Signature(s) of a general partner or all g	eneral partne	<u>rs*:</u>	
(*NOTE: Only one current general partner is requ removing a "limited liability limited partnership" el when adding or removing a "limited liability limited	lection statement.	Chapter 620, F.S., requi	
And Danus			
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Signature(s) of all new or dissociating ge	eneral partner(s), if any:	
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		<i>:</i>	OR ALA

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75