Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000235707 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GARY, DYTRYCH & RYAN, P.A.

Account Number: I19990000255

: (561)844-3700

Fax Number

: (561)844-2388

**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please;

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MITIGATION SERVICES PBC, LLC

<u>ر اور الحالم و فواه في ما الحالم الما يوالم الما الما الما الما الما الما الما </u>	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Y SULKER

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

Mitigation Services PBC, LLC				
(Name of the Limited Lighility Company (A Florida Limited Liab	as it new appears on our records.)			
The Articles of Organization for this Limited Liability Company we	ere filed on	and assi	gned	
Florida document number L03000028167	٠.		•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.I	,.Ç."	-
Enter new principal offices address, if applicable:				_
Principal office address MUST BE A STREET ADDRESS)				_
<u>-</u>				_
Enter new mailing address, if applicable:		<u>.</u>		_
Mailing address MAY BE A POST OFFICE BOX)		, see	<u>ে</u>	_
<u>-</u>			1.5.	-
		(A) (A)	N3	ē
B. If amonding the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our records, enter	the name (of the	nev
designed agent and/of the new (egistered office address here.		<u></u>	-	ħ jin
Name of New Registered Agent:		1200 ft.	<u>e</u>	•
Mante of Mew Rogistered Agent.		128	-\$\ -	-
New Registered Office Address:	Enter Florida street address			_
	Thirt Librida Sireet admass			
	, Florida	Zip Code		~
New Registered Agent's Signature, if changing Registered Agent;		SIP COME		
The state of the s				

N

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

Page 1 of 3

(((H160002357073)))

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
	•		□ Remove
			□ Change
_			Add
			□ Remove
			☐ Chánge
			□ Add
			□ Remove
			□ Change
			□ Add □ Remove □ Change □ Add
			□ Remove
			C Change
			□ Remove
			C Change
			□ Remove
			Change

Page 2 of 3

(((H160002357073)))

_
_
SEP
200
<u> </u>
φį
<u>-</u>

Page 3 of 3

Filing Fee: \$25.00

(((H160002357073)))