Division of Corporations Electronic Filing Cover Sheet

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(((H10000070855 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

(//i

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083 Phone

: (954)474-8000

Fax Number

: (954)474-9850

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED LOSS MITIGATION, LLC

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A. LUNT

MAR 31 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H100000708553

		COVER LETTER			
TO: Registration Division of C		, and the second	,		
SUBJECT:		ss Mitigation, LLC	,		
	Name of Lm	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	demitted for filing.			
Please reinm all correc	pondence concerning this matte	r to the following:	•		
		Gamatys Alejandro		-1 ~ 2	
		Name of Person		28 8	
	(United Loss Mitigation		2010 MAR 29 SECRETARY TALLAHASSI	FILED
•		Firm/Company	.	ASS	
		6245 Powerline Road			L
		Address	•	AH 9:	
	Fo	rt Lauderdale, FL 33309		RID RID	
		City/State and Zip Code		7.	
	E-roall address:	to be used for future annual report notific	Otion)		
For further information	concerning this matter, please	call:			
	nalys Alejandro		92-9539		
Name	of Person .	Area Code & Daytime	Telephone Number		
Baclosed is a check for	the following amount:	•			
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Cartified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Startus &	
MATI	ing address:	STREET/COURIE	R ADDRESS:		

MATLING ADDRESS: Registration Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H100000708553

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: N/A It was name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation "LLC" or the abbreviation of the submitted Liability Company, "the designation of the submitted	United L	oss Mitigation, LLC		
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: N/A It was now name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation C." If new principal offices address, if applicable: If new mailing address, if applicable: If new mailing address, if applicable: If new mailing address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address on our records, enter the name of the new level agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Garnalys Alejandro New Registered Office Address:	(Name of the Limited Lighfli (A Florida	y Company as it now appear Limited Liability Company)	le ou out lecolur)	
N/A N/A N/A N/A N/A N/A N/A N/A	r .	Company were filed on	04/05/2004	and assigned
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r new principal office address, if applicable: Comparison Compari	te new name must be distinguishable and end with the wo L.C."	rds "Limited Liability Compa	my," the designation "	
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	istered agent and/or the new registered office add	<u>ress bere</u> :	ur records, <u>enter</u>	the name of the new
	New Registered Office Address			
		Ent	er Florida street add	lress
Florida	·		. Florida	
City Zin Code		City		Zip Code
- 	v Registered Agent's Signature, if changing Registeres	l Agent:		
	Name of New Registered Agent: Gam	alys Alejandro	er Florida street add	lress .
	Registered Agent's Signature, if changing Registered	l Agent:		
tegistered Agent's Signature, if changing Registered Agent;				
by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ovisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with and the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability	provisions of all statutes relative to the proper an ept the obligations of my position as registered as	d complete performance of tent as provided for in Ch	of my duties, and La moter 608 F.S. Or	um familiar with and
by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.	provisions of all statutes relative to the proper an ept the obligations of my position as registered ag ng filed to merely reflect a change in the registere	d complete performance of the complete period of the complete address, I hereby	of my duties, and I a apter 608, F.S. Or, canfirm that the lin	um familiar with and if this document is nited hability
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If smeading the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR≃Ma MGRM=N	nager Iauaging Member		
<u>Title</u>	Name	Address .	Type of Action
P	Aldo DiSorbo	6245 Powerline Road Fort Lauderdale, FL 33309	Add Remove
MGRM	Gamalys Alejandro	6245 Powerline Road Fort Lauderdale, EL 33309	Add Removs
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove:
	<u> </u>		AR Add 22
			Finds 9
D. If arnend	ing any other information, enter	r change(s) here: (Attach additional sheets, if necesso	217y.)
			
. 			
Dated	March 29	2010	
	Signature of a	reember of a mamber Carnelys Alejandro Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00