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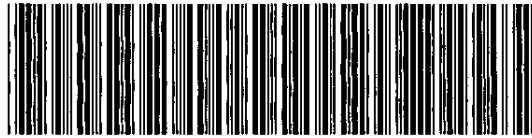
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. KOHR

SEP 26 2008

EXAMINER



3715 NORTHSIDE PARKWAY BUILDING 200 SUITE 500 ATLANTA GA 30327  
PHONE 404 848 7500 FACSIMILE 404 848 7501

September 23, 2008

FILED  
08 SEP 24 PM 1:55  
TALLAHASSEE, FLORIDA

**Via Federal Express**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: First Amendment to Articles of Organization of Hammock Lake Mitigation Bank, LLC**

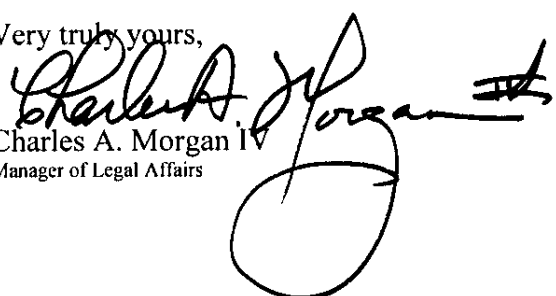
Dear Sir or Madam:

Enclosed please find the original First Amendment to Articles of Organization of Hammock Lake Mitigation Bank, LLC, along with our check in the amount of \$55.00 to cover your filing fee. After recording, please return the certified copy to my attention at the above address.

Thank you and please let me know if you have any questions.

With best regards, I am

Very truly yours,

  
Charles A. Morgan IV  
Manager of Legal Affairs

CAM/

Enclosure(s)

cc: Carolyn Seabolt, Esquire  
Cliff Orr  
Gordon Jones  
Barrett Carter



**FIRST AMENDMENT TO  
ARTICLES OF ORGANIZATION  
OF**

**HAMMOCK LAKE MITIGATION BANK, LLC**

FILED  
08 SEP 24 PM 1:55  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

**WHEREAS**, on July 2, 2007 Kevin L. Burkett formed Hammock Lake Mitigation Bank, LLC by filing the Articles of Organization of Hammock Lake Mitigation Bank, LLC (as amended from time to time, the "Articles") with the Florida Secretary of State; and

**WHEREAS**, on September 10, 2008, TCP II Florida, LLC purchased all of the membership interests in Hammock Lake Mitigation Bank, LLC and now desires to amend the Articles in certain particulars.

**NOW THEREFORE**, TCP II Florida, LLC hereby amends the Articles as follows:

1. Article Two. Article Two of the Articles is hereby deleted in its entirety and the following is hereby substituted in lieu thereof:

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Attn: Gordon Jones  
3715 Northside Parkway  
Building 200, Suite 500  
Atlanta, Georgia 30327

Mailing Address:

Attn: Gordon Jones  
3715 Northside Parkway  
Building 200, Suite 500  
Atlanta, Georgia 30327

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2. Article Three. Article Three of the Articles is hereby deleted in its entirety and the following is substituted in lieu thereof:

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent are:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

3. Article Four. Article Four of the Articles is hereby deleted in its entirety and the following is substituted in lieu thereof:

**ARTICLE IV – MANGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	TCP II Florida, LLC 3715 Northside Parkway Building 200, Suite 500 Atlanta, Georgia 30327

4. Except as expressly provided herein, all other terms and provisions in the Articles shall remain unchanged and are hereby ratified and confirmed.

The Effective Date of this First Amendment to the Articles of Organization of Hammock Lake Mitigation Bank, LLC shall be September 10, 2008.

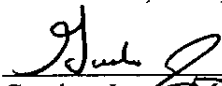
**IN WITNESS WHEREOF**, the undersigned has executed this First Amendment to Articles of Organization of Hammock Lake Mitigation Bank, LLC as of the Effective Date.

**TCP II FLORIDA, LLC**

By: TCP II Holdings, LLC, its Manager

By: Timbervest Crossover Partners II,  
L.P., its Manager

By: Timbervest, LLC, as Manager

By:   
Gordon Jones, Manager

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Hammock Lake Mitigation Bank LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes.*

C T Corporation System

By: T. Hardley Terence Hardley Asst. Secretary  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)