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SECRETARY OF STATE
ARLLANDASSEE FLORIDA

S. HAWKES NOV 1 0 2009

**EXAMINER** 

## **COVER LETTER**

TO!	Registration Section Division of Corpo			
SUBJE	CCT:	Mitigation	Bank Investors	
		Name of Limit	ted Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	I
	,		Dennis K. Benbow	·
			Name of Person	
			Firm/Company	
P.O.			P.O. Box 540285	···
			Address	
			Orlando, Fl 32854 City/State and Zip Code	
·				
victoria@mitigationmarketing.com  E-mail address: (to be used for future annual report notification)				om ottfassion
For fur	ther information con	eerning this matter, please c		orneariony
10114	are miermanen con	serring and matter, prease e		
		a Colangelo	at ( 407 )	481.0677
•	Name of P	erson	Area Code & Day	time Telephone Number
Enclos	ed is a check for the	following amount:		
<b>√</b> \$25	5.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status &  Sed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mitigation Bar	nk Investors		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appear iability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	03-06-2008	and assigned
Florida document number <u>LOSCOCCE454</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	_		
(Principal office address MUST BE A STREET ADDRESS)			<b>8 9</b>
		<u> </u>	PAR S TI
Enter new mailing address, if applicable:			SSECTION IN THE SECTION IN THE SECTI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	F S C
		<u></u>	DE DE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
·			
Name of New Registered Agent:	. <u> </u>		
New Registered Office Address:	En	ter Florida street a	ddress
	271	, Florida _	
	City	, 1 lot lua _	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Address Title Title Name MGR **Dennis Benbow** 1005 Edgewater Drive □ Add √ Remove Orlando, Florida 32804 MGRM Dennis Benbow ✓ Add 1005 Edgewater Drive Remove Orlando, Florida 32804 Membe Melody James 101 South Eola Drive ✓ Add Unit 615 ☐ Remove Orlando, Florida 32801 Membe Jordan Benbow 28520 SR 46 Sorrento, Florida 32776 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November Signature of a member or authorized representative of a member BENBON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00