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Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AA MITIGATION SERVICES, LLC

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TALLAHASSEE, FLORIDA

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D. BRUCE

JAN 25 2010

EXAMINER

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
AA MITIGATION SERVICES, LLC**

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 22, 2008 and assigned Florida document number L08000008822

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**ASSET RECLAIM SERVICE, LLC.**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)**

**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:**

**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 Changing Registered Agent, Signature of New Registered Agent)**

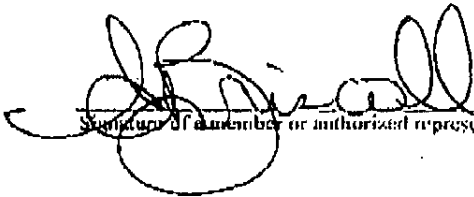
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member



Signature of a member or authorized representative of a member

ANGELA BRISCOLL

Typed or printed name of signee

1/22/10

DATE

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