

LD8000076580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
09 DEC 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O. DEC 14 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Southport Mitigation Bank**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Colangelo

Name of Person

Mitigation Marketing, LLC

Firm/Company

1005 Edgewater Drive

Address

Orlando, Florida 32804

City/State and Zip Code

victoria@mitigationmarketing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Colangelo

Name of Person

at ( 407 )

481-0677

Area Code & Daytime Telephone Number

- Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2009

VICTORIA COLANGELO  
MITIGATION MARKETING, LLC  
1005 EDGEWATER DRIVE  
ORLANDO, FL 32804

SUBJECT: SOUTHPORT RANCH MITIGATION BANK  
Ref. Number: W09000051447

We have received your document for SOUTHPORT RANCH MITIGATION BANK and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 609A00036253

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
09 DEC 14 PM 3:01

Southport Mitigation Bank, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 11, 2008 and assigned  
Florida document number L08000076580

This amendment is submitted to amend the following:

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

Southport Ranch Mitigation Bank 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:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

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 Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

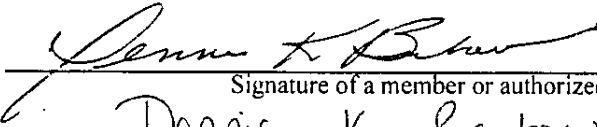
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\_\_\_\_\_

09 DEC 14 PM 3:01  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Dennis K. Benbow  
Typed or printed name of signee



**OFFICE OF FINANCIAL REGULATION**

**J. THOMAS CARDWELL**  
COMMISSIONER

**FINANCIAL SERVICES  
COMMISSION**

**CHARLIE CRIST**  
GOVERNOR

**BILL MCCOLLUM**  
ATTORNEY GENERAL

**ALEX SINK**  
CHIEF FINANCIAL OFFICER

**CHARLES BRONSON**  
COMMISSIONER OF  
AGRICULTURE

December 4, 2009

Ms. Victoria Colangelo  
Post Office Box 540285  
Orlando, FL 32854

Dear Ms. Colangelo:

Re: Southport Ranch Mitigation Bank

Thank you for your recent letter/fax requesting approval of the above referenced name.

It is the opinion of this Office that the above-referenced name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to the use of the above name being registered to transact business as a foreign corporation in the state of Florida. The company may not transact commercial banking business and may not advertise, solicit or otherwise market such services to the general public in the state of Florida.

Sincerely,

Linda B. Charity  
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State