## L09000018693

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C. LEWIS

MAR 1 3 2009

EXAMINER

## **COVER LETTER**

SUBJECT: Mitigat	(Name of Lim	+			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Walter Urquia		· 		
	(Name of Person)				
	Mitigation Consultants O	f America, LLC			
	(Firm/Company)				
	8270 Woodland Center B				
		(Address)			
	Tampa, FL 33614				
		(City/State and Zip Code)			
For further information	concerning this matter, please ca	all:			
Walter Urquia		at ( 813 ) 464-4120			
(Name	of Person)	(Area Code & Daytime T	'elephone Number)		
Enclosed is a check for t	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:

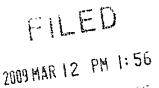
TO: 'Registration Section

**Division of Corporations** 

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



Modification Consultants Of America, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	2/25/2009	and assigned
Florida document number L09000018693			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>ere</u> :	
Mitigation Consultants Of America, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	8270 Woodland Center Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 336	314	70.070
	•		<del></del>
Enter new mailing address, if applicable:	8270 Woodlan	d Center Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 336	314	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on e:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	- 1011		
New Registered Office Address:			
		Inter Florida street a	ddress)
	, 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 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 **Title** Address Name 1 Type of Action 🗖 Add ☐ Remove ☐ Remove 🗖 Add Remove \_ Add Remove \_\_\_ Add \_\_\_ Add \_\_\_ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 11th Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00