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10 JUN -1 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mitigation Consultants of America, LLC**  
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:

Walter Urquia / Sara B. Urquia

Name of Person

Firm/Company

31848 Turkeyhill Dr.

Address

Wesley Chapel, FL 33543

City/State and Zip Code

sara@creditlink.us

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

For further information concerning this matter, please call:

Sara B. Urquia

Name of Person

at ( 813 )

508-7562

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



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

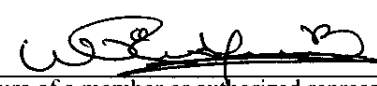
| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                  | <u>Type of Action</u>  |
|--------------|----------------|---|--|
| MGR          | Sara B. Urquia | 31848 Turkeyhill Dr.<br>Wesley Chapel, FL 33543 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Walter Urquia  | 31848 Turkeyhill Dr.<br>Wesley Chapel, FL 33543 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
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\_\_\_\_\_  
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FILED  
10 JUN - 1 PM 4: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated May 27th, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Walter Urquia  
\_\_\_\_\_  
Typed or printed name of signee