## L09000039714

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ALLANASSES THE STATE

S. HAWKES MAY 1 2 2009

**EXAMINER** 

S. HAWKES

N. MY 1 2 2009

**EXAMINER** 



## **COVER LETTER**

PO: Registration Section Division of Corporation	M <sub>14</sub>			
SUBJECT: Preferred	d Mitigation, LLC			
(Name of Limited Liability Company)				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:	·	
	Jeffrey Bowen			
į,		(Name of Person)		
<del>"</del>		•		
		(Firm/Company)		
	221 N. Hogan St., #142			
		(Address)		
	Jacksonville, FL 32202			
		(City/State and Zip Code)	<del></del>	
For further information cor	ncerning this matter, please c	all:		
Jeffrey Bowen		at ( 904 ) 803.1101		
(Name of	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the	following amount:			
2 \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Preferred Mitigation, LLC			•	
(Name of the Limite	d Liability Co A Florida Lim	mpany as it now appears of ited Liability Company)	n our records	)
The Articles of Organization for this Limited	Liability Com	pany were filed on March	31, 2009	and assigned
Florida document number LO9000030974				•
This amendment is submitted to amend the fo				SECS.
A. If amending name, enter the new name  New Alpha Solutio		•		EST OF THE
The new name must be distinguishable and end w "L.L.C."	ith the words "	Limited Liability Company,	" the designati	72
Enter new principal offices address, if appli	N/A	<del></del>	<u> </u>	
(Principal office address MUST BE A STRE	<u>ET ADDRES</u>	<u>s)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of			records, en	ter the name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		(Enter	Florida stree	et address)
			, Florid	R
		(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	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add Remove
N/A	N/A	<u>N/A</u>	Add Remove
N/A	N/A	N/A	Add Remove
N/A	<u>N/A</u>	N/A	5 Add
N/A	N/A	N/A	Paranta
N/A	N/A		Damasus
	/∆	n, enter change(s) here: (Attach additional she	ets, if necessary.)
Dated <b>Apri</b>		, 2009	amber .
	Signal Jeffrey S	47 (	

Page 2 of 2

Filing Fee: \$25.00