

**L09000061742**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100201414371

04/15/11--01026--004 \*\*30.00

**FILED**  
2011 APR 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 18 2011

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TREASURE COAST MITIGATION SERVICES, 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:

TRACY PECHO  
Name of Person

TREASURE COAST MITIGATION SERVICES, LLC  
Firm/Company

6825 S. US HIGHWAY ONE PORT ST. LUCIE, FL.  
Address 34952

PORT ST. LUCIE, FLORIDA 34952  
City/State and Zip Code

tracy.pecho2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY PECHO at (772) 763-4477  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 APR 15 PM 12:30

TREASURE COAST MITIGATION SERVICES, 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 06/25/2009 and assigned Florida document number 609000061742.

This amendment is submitted to amend the following:

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

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:

TRACY A. PECTHO

New Registered Office Address:

60825 S. US Hwy 1

Enter Florida street address

PORT ST. LUCIE

City

Florida

Florida

Zip Code

34952

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.

Tracy A. Pectho  
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

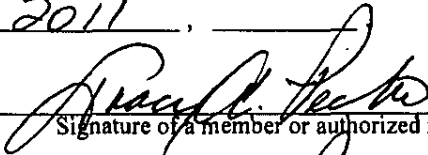
Title	Name	Address	Type of Action
MGR	Robert Douglass	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Robert Douglass	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer	Robert Douglass	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TRACY A. PECTO	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	TRACY A. PECTO	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	TRACY A. PECTO	6825 S. US Hwy 1 PORT ST. LUCIE, FL. 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

April 12, 2011



Signature of a member or authorized representative of a member

TRACY A. PECTO

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 15 PM 03:00

FILED