

LOG 000081389

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(Business Entity Name)

(Document Number)

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Form 0.1.1

02/08/10--01043--006 \*\*25.00

2010 FEB - 8 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399  
T. CLINE  
FEB - 9 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Mitigation, 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:

Kevin A Hicks  
Name of Person

Elite Mitigation, LLC  
Firm/Company

3955 Riverside Ave  
Address

Jacksonville, FL 32205  
City/State and Zip Code

Kevin A Hicks 1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Hicks at (904) 536-3000  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2010 FEB - 8 AM 10:41

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**

Elite Mitigation

(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 August 24, 2009 and assigned Florida document number L09000081389

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)

3955 Riverside Ave

Jacksonville, FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3955 Riverside Ave

Jacksonville, FL 32205

**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:

Emily B Murphy, Esq.

New Registered Office Address:

3955 Riverside Ave

Enter Florida street address

Jacksonville

City

Florida

32205

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.*

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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 6<sup>th</sup>, 2010, \_\_\_\_\_

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Emily B. Murphy  
 Typed or printed name of signee