

L09000112160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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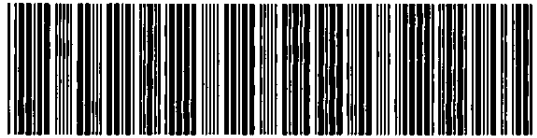
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 29 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROWARD FINANCIAL & MITIGATORS 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:

ANGELA R AMORIM

Name of Person

BROWARD FINANCIAL & MITIGATORS SERVICES LLC

Firm/Company

540 JEFFERSON DR BLDG 16 UNIT 115

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

angelacey@hotmail.com

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

For further information concerning this matter, please call:

ANGELA R AMORIM

Name of Person

at (**954**)

696-6590

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 *Mitigas*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BROWARD FINANCIAL & MITIGATORS SERVICES 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 11/23/2009 and assigned
Florida document number L09000112160.

This amendment is submitted to amend the following:

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

BROWARD FINANCIAL & MITIGATORS SERVICES LLC

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:

540 JEFFERSON DR BLDG 16 UNIT 115

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH FL 33442

Enter new mailing address, if applicable:

540 JEFFERSON DR BLDG 16 UNIT 115

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH FL 33442

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:

ANGELA R AMORIM

New Registered Office Address:

540 JEFFERSON DR BLDG 16 UNIT 115

Enter Florida street address

DEERFIELD BEACH

, Florida

33442

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.

Angela R Amorim
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCIO W AMORIM	540 JEFFERSON DR BLDG 16 # 115 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANGELA R AMORIM	540 JEFFERSON DR BLDG 16 # 115 DEERFIELD BEACH FL 33442	<input checked="" 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 MARCH 23, 2010

Signature of a member or authorized representative of a member

MARCIO W. AMORIM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA