Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001428163)))



H110001428163ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARTNER BROCK & SIMON

Account Number : 119990000204 Phone : (904)399-0870

Fax Number ;

: (904)399-0870

Enter the email address for this business entity to be used for fuffire annual report mailings. Enter only one email address please.

Email Address: Johnvela

johnrevansabellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHEAST LAND MITIGATION RESOURCES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Elestronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

11 JUN - 1 AM 9: 3'
SECNETARY OF STATI

J. SAULSBERRY EXAMINER

JUN 2 2011

GARTMER BROCK SIMON (((H11000142816 3)))

PAGE 02/04

COVER LETTER

Division of Co			
SUBJECT:	Southeast Land M	litigation Resources, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
licase return all corresp	condence concerning this matter	to the following:	
		Bert C. Simon Name of Person	
	C	adnar Brook & Simon	
		artner, Brock & Simon Firm/Company	- FS 22
	1660.1	Prudential Drive, Suite 203	
	10001	Address	
	.1	acksonville, FL 32207	2011 JUN -1 AH 9: 00 SECRETARY OF STATE TALL AHASSEE FLORID
		City/State and Zin Code -	FST # 9
	joh	nrevans@bellsouth.net	
or further information	concerning this matter, please of	•	
			\ 0 070
	ert C. Simon of Person	at (<u>904)</u> 399 Area Code & Daytime Tel	9-0870 cphone Number
		,	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAT	LING ADDESS.	STREET/COURIER	ADDRESS:
MAILING ADDRESS: Registration Section		Registration Section Division of Corporatio	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Conter Tallahassee, FL 32301	Circle

(((H11000142816 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Southeast Land Mitigation	on Resource	s, LLC	
(<u>N</u> s	me of the Limited Liability Company (A Florida Limited Liab	as it now appears oility Company)	on our records.)	
The Articles of Organization	for this Limited Liability Company we	erc filed on	5/11/2010	and assigned
Florida document number	L10000050562			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liabilit	y company here:		
The new name must be distinguable.	ishable and end with the words "Limited	Liability Company	/," the designation "L	LCT or the approviation
Enter new principal offices	address, if applicable:			22 5
(Principal office address MU	ST BE A STREET ADDRESS)			10 1
Enter new mailing address,	if applicable:			AM 9:
(Mailing address MAY BE A	POST OFFICE BOX)			<u> </u>
	ered agent and/or registered offic new registered office address here:	e address on ou	r records, <u>enter 1</u>	the name of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:	Ente	r Florida street add	ress
	•	. Florida		
•		City	, k 101 104	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 heing 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

(((H11000142816 3)))

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 = 1 MGRM	Manager ⊐ Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Adri Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	<u> </u>		Add Remove
·	·		
			Add No.
			Add Removal
		(s) here: (Attach additional sheets, if necessary)	
-	President of LLC changed from Paul C		_
_	Jacksonville, FL 32207 to: Thomas El Jacksonville, FL 32246	lis, 2251 St. Johns Bluff Rd. S, #100	
	May 31 20)	017	-
Dated	2 flan	ar fulliorized representative of a member	
	Typed on	John Evans r printed name of signee	
	•	Page 2 of 2	
	pa:	ing Poor \$75 AO	

Filing Fee: \$25.00

(((H11000142816 3)))