L10000099215

(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



300214354223

11/21/11--01043--003 **25.00

SECRETARY OF STATE

T. HAMPTON

NOV & & 2011

EXAMINER

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Withlacoochee	Wetland Mitigation Bank	(
		nited Liability Company	
The enclose	d Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return	all correspondence concerning this matter	er to the following:	
		Victoria Colangelo	
		Name of Person	
		Mitigation Marketing	
		Firm/Company	
		PO Box 540285	
		Address	
		Orlando, Fl 32854	
		City/State and Zip Code	,
	victoria E-mail address:	a@mitigationmarketing.com (to be used for future annual report notifi	cation)
For further i	nformation concerning this matter, please		Carroll ,
i or iaither i	mornation concerning this matter, piedse	cuii.	
	Victoria Colangelo	at (481-0677
	Name of Person	Area Code & Daytime	e Telephone Number
Enclosed is	a check for the following amount:		
▼ \$25.00 F	iling 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:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 NOV 21 PM 2: 00

SELNETARY OF STATE Withlacoochee Wetland Mitigation Bank TALL
(Name of the Limited Liability Company as it now appears on our fecords.)
(A Florida Limited Liability Company) Sept. 22, 2010 and assigned The Articles of Organization for this Limited Liability Company were filed on L10000099215 Florida document number 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." 1005 Edgewater Drive Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando, Florida 32804 Enter new mailing address, if applicable: P.O. Box 540285 Orlando, Florida 32854 (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: Dennis K. Benbow Name of New Registered Agent: 1005 Edgewater Drive New Registered Office Address: Enter Florida street address Orlando , Florida

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.

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

	<u>Name</u>		Address	Type of Actio
		_		☐ Add
		_		Remove
		•		
		_	·	Add Remove
		_		
				Remove
		_		Add Remove
			,	
				∏Add
		_		Remove
		_		AddRemove
			s) here: (Attach additional sheets, if necessary	DRY.
<u>M</u>	itigation Junction, LLC's addre	ss is P	O Box 540285 Orlando, Florida 3285	4 4 N
				7 <u>A</u> 1 5
				2011 NO
			·	
				(0.30)
_				E YES
 				1 P L
 ted				10 P L
 ited	Jennus >	*B	authorized representative of a member	PH 1:57 SEE FLORIDA

Page 2 of 2

Filing Fee: \$25.00