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Office Use Only



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FILED
2014 FEB 10 PM 3: 10
SECRETARY OF STATE

K. SALY EXAMINES

FFR 1 2 2014

COVER LETTER

Division of Cor	porations		
Land Mit	igation Management Ser	vices LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Carolyn Riegle	er	
		Name of Person	
		Firm/Company	
	1010 Albany C	ourt	
		Address	
	Namios El 044	05	
	Naples, FL 341		
		City/State and Zip Code	
	Carolyn@fiwacial		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please co	all:	
Carolyn Riegle	er	248 721-8070	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
225.00 Tilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO:

Registration Section

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

FIL	ED
2014 FEB 10	
SEren	PM 3: 1

Land Mitigation Mana	gement Services LLC /ALLERETARY 3: 10
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000058617</u> .	05/47/0044
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 Albany Court
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34105
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	ing Lip Court

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel J Aronoff, Trustee	612 E Eleven Mile Rd	
		Royal Oak, MI 48067	■ Remove
MGR	Carolyn Riegler	612 E Eleven Mile Rd	= Add
		Royal Oak, MI 48067	Remove
			□ ∧dd
			□ Remove
			Remove
			Add
			Remove
			□ Add
		·	Remove

ffective date, if other than the date of the effective date must be specific, cannot be price the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after
February 6	, 2014
ated	
Jaled	re of a member or authorized representative of a member
valed	re of a member or authorized representative of a member Carolyn Riegler

Page 3 of 3

Filing Fee: \$25.00