#19800000562

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100242230821

12/03/12--01035--006 **30.00

PILEU

2 DEC -3 PH 3: 56

BORLIAGO BE STATE

K.SALY EXAMINER DEC - 4 2012

COVER LETTER

TO: **Registration Section Division of Corporations**

Tampa Bay Mitigation, L.C.

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:

Stratton Smith, Esq.

Stratton Law Firm

Firm/Company

611 W. Azeele Street

Address

Tampa, Florida 33606-2205

City/State and Zip Code

stratton@strattonlaw.com

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

For further information concerning this matter, please call:

Stratton Smith

at (813) 251-1624

Area Code & Daytime Telephone Number

Name of Person

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

12 OEC -3 PM 3: 56

TALLAHASSEE FLORIDA

Tampa Bay Mitigation, L.C.

(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 5-1-1998

and assigned

Florida document number 19800000562

This amendment is submitted to amend the following:

Tampa Bay Mitigation	, LLC		

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."

(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	

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:		·
New Registered Office Address:	Enter Florida	street address
_	, I	Plorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

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>	Address	Type of Action
MGRM	Environmental Technology Consultants, Inc	6505 Surfside Blvd.	Add
		Apollo Beach, FL 3357	2 Remove
MGRM	Environmental Technology Consultants, LLC	6505 Surfside Blvd	Add
		Apollo Beach, FL 3357	2 Remove
			Add
			Remove
			Add Remove
			Add
			Add Remove
			_

D. If amending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated November 26	2012
Signat	ture of a member or authorized representative of a member
Jamie Scarola, Manage	er (Environmental Technology Consultants, LLC, Managing Member)
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00