P12000048372

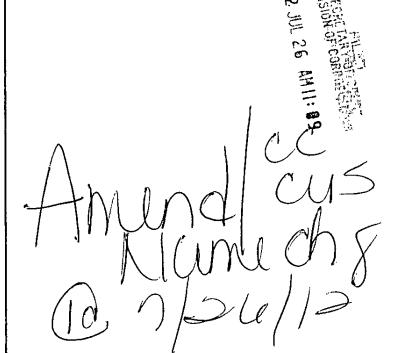
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WATER RESTORATIONRUS, INC DOCUMENT NUMBER: P12000048372 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CHANA FISH** Name of Contact Person CHANA FISH Firm/ Company Address 8877 COLLINS AVE, APT 204 City/ State and Zip Code SURFSIDE, FL 33154 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{786}{\text{Area Code \& Daytime Telephone Number}})$ CHANA FISH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

> Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation** of



WATER RESTORATIONRUS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

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P1200048372 (Document Number of Corporation)	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	`
A. If amending name, enter the new name of the corporation:	
RESTORATIONRUS, INC	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8877 COLLINS AVE APT 204
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SURFSIDE, FLORIDA 33154
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8877 COLLINS AVE, APT 204
	SURFSIDE, FLORIDA 33154
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
	<u>555.</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familia:	r with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ach additional sheet	ts, if necessary).	(Be specific)			
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ın amendment pro	vides for an excl	nange, reclassif	fication, or canc	ellation of issued	l shares,
ovisions for imple	menting the ame	ndment if not	contained in the	amendment itse	<u>lf:</u>
(if not applicable	, indicate N/A)				

		· · · · · · · · · · · · · · · · · · ·			
					

The date of each amendment(s) ad	option: U//23/2012
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval
by X Manh	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 07/23/2	2012
Signature \	hulish
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	CHANA FISH
•	(Typed or printed name of person signing)
	P
	(Title of person signing)