#1 11000055482

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K.SALY EXAMINER APR 2 2012

COVER LETTER

Division of Cor	rporations				
SUBJECT:	Servall F	Restoration, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Alain J Murga	<u> </u>		
		Name of Person			
	Servall Restoration, LLC				
		Firm/Company			
	13	13727 SW 152 ST #312			
		Address			
		Miami, FL 33177			
		City/State and Zip Code			
	E-mail address: ()	servall@email.com to be used for future annual report notifical	tion)		
For further information of	concerning this matter, please of	·	,		
Rosa	Elena Marichal	, 866	70-0088		
· · · · · · · · · · · · · · · · · · ·	f Person	at (866) 97 Area Code & Daytime T			
Enclosed is a check for the	he 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:

TO:

Registration Section

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

Servall Restoration, LLC

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TALLAH	IARY OF STATE ASSEE, FLORIDA
rds.)	- FLORIDA

(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company) 05/11/2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000055482 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Rosa Elena Marichal Name of New Registered Agent: 13727 SW 152 St #312 New Registered Office Address: Enter Florida street address Miami . Florida City Zip Code

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

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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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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>	Name	Address	Type of Action
MGR	Alain J Murga	13727 SW 152 ST #312 Miami, FL 33177	Add Remove
MGR	Rosa Elena Marichal	13727 SW 152 ST #312 Miami, FL 33177	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
— Dated	March 28	_, <u>2012</u> . / /	_
	Signature of	f a member or authorized representative of a member	
	, 3	Alain J Murga	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00