

LOS0000 2796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

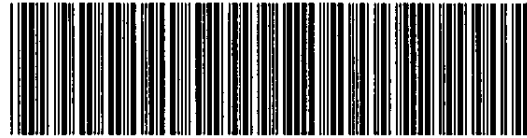
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/14--01020--015 **25.00

FILED
14 OCT 24 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 27 2014

2796



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2014

sam rife
1221 s hartman dr suite h
lebanon, TN 37090

SUBJECT: pro restoration and construction, llc
Ref. Number: L05000023896

We have received your document for pro restoration and construction, llc and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00022200

October 23, 2014

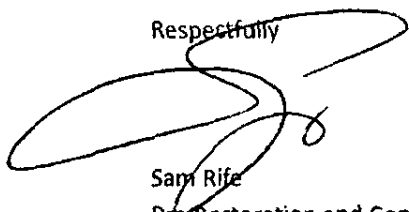
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Pro Restoration and Construction, LLC
REF. #: L05000023896

This letter is to state that I have no intention of revoking the voluntary dissolution of Pro Restoration and Construction, LLC (document # L12000020152) dated 10/07/2014. It is my intent to release this name for use by another entity.

Thank You for your time. Feel free to call with any other questions.

Respectfully

A handwritten signature in black ink, appearing to be 'Sam Rife', written over the word 'Respectfully'.

Sam Rife
Pro Restoration and Construction
941-232-6741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Choice Construction of America, LLC
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:

Sam Rife

Name of Person

Pro Restoration and Construction, LLC

Firm/Company

1221 S. Hartmann Dr Suite H

Address

Lebanon, TN 37090

City/State and Zip Code

Sam.rife7@gmail.com

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

For further information concerning this matter, please call:

Sam Rife

Name of Person

at (941) 232-6741

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Choice Construction of America, LLC

(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 03/09/2005 and assigned
Florida document number LO5000023896.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pro Restoration and Construction, LLC

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)

1221 South Hartmann Dr

Suite H

Lebanon, TN 37090

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1221 South Hartmann Dr

Suite H

Lebanon, TN 37090

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:

Un changed

New Registered Office Address:

Un changed

Enter Florida street address

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, 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 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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
		Unchanged	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Un changed

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10/11/14

2014

Signature of a member or authorized representative of a member

Samuel B. Rife

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA