

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone : (813)435-3176 Fax Number : (813)333-6358

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EMERGENCY RESPONSE RESTORATION, LLC

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12/19/2007

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERĜEN:	CY RESPONSE RESTORAT	TION, LLC				
(Name of the Limited	Liability Company as it now appe A Florida Limited Liability Company	urs on our records.)				
(1	Toron Diffico Claumty Company					
The Articles of Organization for this Limited L	iability Company were filed on <u>Of</u>	6/22/2007 Fund assigned				
Florida document number <u>L07000065880</u>						
		no I				
This amendment is submitted to amend the following	lowing:	Los di				
	- · · · · · ·	ATE RIO				
A. If amending name, enter the new name of	of the limited liability company he	ere:				
The new name must be distinguishable and end wi	th the words "F Imited I ishiller Com-	The decimal with the standard				
"L.L.C."	in the words. Elimited Elaolity Comp	pany, the designation DEC of the abbrevation				
99 Ye	(
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter the name of the new				
Tegaster en agent andror the new Tegaster en o	mice made ass nere.					
Name of New Registered Agent:						
<u>. </u>	12000 NORTH DALE MABRY HIGHWAY, #110					
New Registered Office Address:		Enter Florida street address)				
	·					
	TAMPA	, Florida <u>33618</u>				
	(City)	(Zip Code)				
New Registered Agent's Signature, if changing	Registered Agent:					
		capacity. I further agree to comply with				
the provisions of all statutes relative to the p	proper and complete performance	e of my duties, and I am familiar with and				
	proper and complete performance istered agent as provided for in C	e of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is				
the provisions of all statutes relative to the paccept the obligations of my position as regi	proper and complete performance istered agent as provided for in C registered office address, I herel	e of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is				

(If Changing Registered Agent, Signature of New Registered Agent)

H070003028943

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

Title	Name		Address	Type :	of Act	ion
MGRM	JAMES KOLOMIYET	s	2665 N. ATLANTICE AVE. #314 DAYTONA BEACH, FL 32118	Add	d nave	
				Add	d nove	
				Ado Rer	d nove	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Add	d move	
				Add Ren		
				Add	l nove	
D. If amendi	ng any other information, c	enter change(:	s) herc: (Attach additional sheets, if necessary,))		
				SECRETARY O	07 DEC 19 AM	
Dated DECE	MBER 19	, 2007	·	FLORIDA	8: 37	
	Signature	of a member of	authorized representative of a member			
	NICK SPRADLIN ESQ.	AUTHORIZ	ED REPRESENTATIVE OF THE MEMI	BER		

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