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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Cor		,	
SUBJ				
			TORATIONS LLC ited Liability Company)	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Maria S Reyes	
			(Name of Person)	
			(Firm/Company)	······································
		1	223 Ballyshannon Pkwy	Paranting-1001 and regional paranting and region and re
			(Address)	
			Orlando, FL 32828	
			(City/State and Zip Code)	
For fu	rther information c	oncerning this matter, please o	eall:	
Maria S Reyes		Reyes	at (407 ₎ 281-7614	
(Name of Person)			(Area Code & Daytime	l'elephone Number)
Enclos	sed is a check for th	ne following amount:		
☑ \$ 2:	5.00 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



MRD	RESTORATIONS, LLC		
(Name of the Limited Li (A F	ability Company as it now apported Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liab	vility Company were filed on _	November 26,2007	and assigned
Florida document numberL07000117879	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Franc	cisco G Catalan	
New Registered Office Address:	1168 E	Ballyshannon Pkwy	*
		(Enter Florida street add	,
	Orlando	, Florida	32828
	(City)		(Zip Code)

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 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	<u>Address</u>	Type of Action
MGRM	Manuel Reyes-Diaz	1223 Ballvshannon Pkwv Orlando, FL 32828	
			— ~
	werter de de de de verte de que que en		
			= n
		er change(s) here: (Attach additional sheets, if ne	cessary.)
_	ARTICLE V should read as follows:		
_		iability Company shall be: 11/25/2007	
_	Signature of member or an authoriz	zed representative of a member:	
<u>-</u>	Signature: MARIA S REYES		
Dated 08	/24/2008		
	Maria s	a member or authorized representative of a member	
	Signature of	Maria S Reyes	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00