

# LOG0000042840

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2011 DEC 19 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
DEC 20 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BIODERMAL LABS, 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:

Michael E. Banks

Name of Person

Haus, Roman and Banks, LLP

Firm/Company

148 E. Wilson St., Ste. 200

Address

Madison, WI 53703

City/State and Zip Code

banks@hrblp.com

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

For further information concerning this matter, please call:

Michael E. Banks

Name of Person

at ( 608 )

257-0420

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

2011 DEC 19 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BIODERMAL LABS, 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 MAY 4, 2009 and assigned  
Florida document number L09000042840.

This amendment is submitted to amend the following:

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

RESTORE HOLDINGS, 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:

1289 DEMING WAY

(Principal office address **MUST BE A STREET ADDRESS**)

MADISON, WI 53717

Enter new mailing address, if applicable:

1289 DEMING WAY

(Mailing address **MAY BE A POST OFFICE BOX**)

MADISON, WI 53717

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

■ 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matthew J. Wanderer	9905 FALLEN LEAVE DRIVE MIDDLETON, WI 53562 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Matthew J. Wanderer	1289 DEMING WAY MADISON, WI 53717	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

December 2

2011

Signature of a member or authorized representative of a member

Matthew J. Wanderer

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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