## LU9000077438

(Requestor's Name)				
(Address)				
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(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(5)				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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B. KOHR

SEP - 2 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co			
SUBJECT: RESTO	RATION RESCUE LLC		
	(Name of Lin	nited Liability Company)	
The enclosed Articles o			
Please return all corresp	ondence concerning this matter	r to the following:	
	Tony Burroughs	(Name of Person)	
		(Name of Person)	
	Legalzoom.com, Inc		- = S
		(Firm/Company)	
	09 NUG 31 PM 4: 25 THALLANNISSEE, FLORID		
		(Address)	N. A. Z.
	Los Angeles, CA 90	0028	\$ 65 P.S
		(City/State and Zip Code)	
For further information	concerning this matter, please of	call:	
Tony Burroughs		at (323 ) 962-8600	
(Name	e of Person)	(Area Code & Daytime	(elephone 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**

RESTORATION RESCUE 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 Liabil	lity Company were filed on 08/12/2009	and assigned	
Florida document number <u>L09000077438</u>	·	•	
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designatio	n "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
	, Florida		
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my duties, and ed agent as provided for in Chapter 608, F.S. ( stered office address, I hereby confirm that the	I I am familiar with and Or, if this document is	
	(If Changing Registered Agent, Signature of New	w Registered Agent)	

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>		Hard Control of the C	Add Remove
			<del></del>
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
		(s) here: (Attach additional sheets, if necessary.)	_
	Article II. I he street address of the pri	incipal office and the mailing address	<del></del>
_	12849 Ivory Stone Loop, Ft. Myers, FL	_ 33913	_
Dated	August 8th , 2009		
	Signature of a member of Michael Szabo, Member	authorized representative of a member	
•	Typed or	r printed name of signee	<del></del>

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Filing Fee: \$25.00