409000083933

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I ALBRITTON

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		ration and Construction, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Brian P Johnson			
		- Corps - Corps	Name of Person		
		Elite Restoration and Cons	struction, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		7185 W Village Dr	·		
			Address		
		Homosassa, FL 34446			
		brianerc@icloud.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Brian P Johr	nson		352 601-8067		
	Name o	f Person	at ()	Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	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:

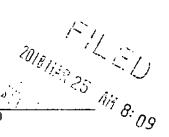
Registration Section

TO:

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



Elite Restoration and Construction, LLC

company has been notified in writing of this change.

(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 8/29/20	and assigned		
Florida document number L09000083933				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	7185 W Village Drive			
(Mailing address MAY BE A POST OFFICE BOX)	Homosassa, FL 34446			
				
	ee al			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r records, enter the name of the ne		
	_			
Name of New Registered Agent:				
Name Dagistared Office Address:				
New Registered Office Address:	Enter Florida street address , Florida City Zip Code			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Manoscr	Brian Johnson 1 2 AMBR		
munago)			□ Remove
			⊠ Change
		<u></u>	Remove
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		·-··	Remove
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Effective date, if other than	01/01/	/2015	(optional)	
(If an effective date is listed, the date	must be specific and cannot be is block does not meet the a	applicable statutory f	or more than 90 days after filing.) Pur illing requirements, this date will	
the record specifies a dela) The 90th day after the		ıt not an effectiv	e time, at 12:01 a.m. on t	the earlier of:
Dated March 14	2019			
	,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00