110000068656

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Constitution to the contract of the contract o	Filler Officer	
Special Instructions to	Filing Officer:	
		6/14/21 11/1
		TYN

Office Use Only

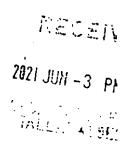


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May 21, 2021

JEFFERY PURTELL P.O. BOX 208 HIGHLAND CITY, FL 33846

SUBJECT: TOUCHTON RESTORATION SERVICES, L.L.C.

Ref. Number: L10000068656

We have received your document for TOUCHTON RESTORATION SERVICES, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 221A00010858

Division of Comments of the Poly Capital Capit

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Touck	nton Restoration	on Services, LL mited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	Cindy M	attingly Name offerson	
	Servpro C	of Bartow Lak	eland Highlands
	70 Box 3	QOS Address	
	Highland	City/State and Zip Code	46
	Cindy @ Sc E-ntail address:	to be used for future annual report notifi	Co m
For further information co	ncerning this matter, please o	all:	
Circly M Name of	attingly Person	at (863) 510 g	Telephone Number
Enclosed is a check for the	following amount:	_	
□ \$25.00 Filing Fee	S30.00 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 Sc Division of Co	ection	Street Address: Registration Section Division of Corp	orations
P.O. Box 6327 Tallahassee, Ft	. 32314	The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Solich Orange Commence

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Touchton Restoration (Name of the Limited Liability Con (A Florida Limite	apany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on Olo and assigned
Florida document number 11000068656.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3705 US Highway 98 5 Suite 14 Lakeland FL 33812
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 208 Highland City F1 33844
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Circle	4 Mattingly
New Registered Office Address: 3705	US Hishway 98 S Ste 14
Lake	Pland H 33812 Zip Code
Non-Danietarad Capat's Cimutura if abandar Danietarad Atta	nt'

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent, Signature of New Bertistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: Alleria. MGR = Manager 21 JUH-3 PH 3: 43 AMBR = Authorized Member Address Title Name Type of Action Jeff Purtel POBOX 208 XAdd mGR Highland City, 7 33846 Remove _____ □Change AMBR Circly Mattingly POBOX 208 MAdd
Highland Cry F1 33846 Remove ____ □Change _____ □Remove _____ □Remove _____ DRemove _____ □Change _______ □Add

_____ □Remove

______ □Change

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tive date, if other than the date of filing:  [Teetive date is listed, the date must be specific and cannot be put of the date inserted in this block does not meet the apparent's effective date on the Department of State's record	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 6 blicable statutory filing requirements, this date will not be firds.
d specifies a delayed effective date, but not an effectiv led.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day af
<u>6-1-21</u>	·
Cardel Moster	uhorized epresenting of a member

Filing Fee: \$25.00