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EXAMINER

CORPDIRECT AGEN 515 EAST PARK AVE TALLAHASSEE, FL 222-1173 FILING COVER S ACCT. #FCA-14	32301	nerly CCRS)	♥ w p*		
CONTACT:	KATIE WON	NSCH			
DATE:	09/25/2012				
REF. #:	RA3984.1733	<u>76</u>			
CORP. NAME:	EE&G DISA	STER RECOVERY SERVI	CES, LLC		
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C () OTHER:	CATION	(XX) ARTICLES OF AMENDME () TRADEMARK/SERVICE MAI () LIMITED PARTNERSHIP () MERGER		ABILITY	
STATE FEES PREPAID WITH CHECK# 11/92 FOR \$ 25.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
			T LIMIT: \$	19:28	
PLEASE RETUR	RN:				
() CERTIFIED COPY		ERTIFICATE OF GOOD STAND	ING (XX)	PLAIN STAMPED COPY	

Examiner's Initials

COVER LETTER

Division of Co	rporations					
SUBJECT:	EE&G DISASTER RE	ECOVERY SERVICES, LI	_C			
SUBJECT:		ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	•					
		Carolyn Bailey				
		Name of Person				
	EE&G DISAST	TER RECOVERY SERVICES,	LLC			
		Firm/Company				
	57	751 Miami Lakes Drive				
		Address	······································			
	M	liami Lakes, FL 33014				
		City/State and Zip Code		,enre d		
	C	bailey@eeandg.com		200	12	
	E-mail address: (to be used for future annual report notification	on)		SEP	*•
For further information	concerning this matter, please o	call:		5	25	
_				(1). (1). (1).		•
	arolyn Bailey		4-8300		Ē	
Name	of Person	Area Code & Daytime Te	lephone Number	r= < ;	က္	·
				2.3	20	
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 Certificate Certified Co (additional	of Status & opy		
			(Suumuus)	copy is en	Liuseu)	
M.S. TV	THIC ADDRESS.	empressiones of the contraction	ADDDESS.			
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDKE22:			
	on of Cornorations	Division of Corporation	me			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EE&G DISASTER RECOVERY SERVICES, LLC

(Name of the Limited	Liability Compa Florida Limited	ny as it now apr Liability Compan	pears on our records.)		•	
The Articles of Organization for this Limited L Florida document numberL10000130		were filed on _	December 21, 20	010 and	assigne	đ
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ollity company	<u>here</u> :		,	
	N/A	Ą				
The new name must be distinguishable and end with "L.L.C."	th the words "Lim	ited Liability Co	mpany," the designation	"LLC" or th	ie abbre	viation
Enter new principal offices address, if applic	able:	N/A		<u> </u>	12	
(Principal office address MUST BE A STREE	TADDRESS)			24	SE	r. (
				221	72	, -,
			•	F	Tar	
Enter new mailing address, if applicable:		N/A			Ē	
(Mailing address MAY BE A POST OFFICE BOX)				9	Ö	
;				E	င်ဝ	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			n our records, ente	r the name	e of the	е печ
New Registered Office Address:	N/A					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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	Address	Type of Action
MGR	THOMAS MCARDLE	5751 Miami Lakes Drive Miami Lakes, FL 33014	Add Remove
<u>MGR</u>	Cheri Kinch-Holmes	244 Triangle Park Covington, LA 70433	✓ Add ☐ Remove
			Add Remove
	Made Company of the C	WHITE	Add Remove
			Add Remove
	***************************************		Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	ssary.)
 			12 SEP 2
Dated	9/24/2012		5 AM 9:
		Carolyn Balley ped or printed name of signee	28

Page 2 of 2

Filing Fee: \$25.00