(2	10000130264

(Requestor's Name)			
(Address)			
(Ad	aress)		
(Address)			
(Cit	y/State/Zip/Phone	#)	
PICK-UP		MAIL	
:			
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
Office Use Only			



11/02/12--01010--025 **25.00

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2012 NOV -2 AM 10: 42

FILED



FXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) **515 EAST PARK AVENUE** TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: <u>Kim Weidenbach</u>

DATE: 11/2/12

REF. #: RA3984.175322

CORP. NAME: EE&G DISASTER RECOVERY SERVICES, LLC

() ARTICLES OF INCORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION		
() OTHER:		

STATE FEES PREPAID WITH CHECK# 10187(1) FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$_____

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

FILED

COVER LETTER

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TO: Registration Section Division of Corporations

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SUBJECT:	E&G DISASTER R	ECOVERY SERVICES,	LLC		
	Name of Limi	ted Liability Company	7.0 2		
	Amendment and fee(s) are sub	-	LLC FILED TALLAHASSEE. FLOATION TALLAHASSEE. FLOATION		
		Carolyn Bailey	LOFT. H		
	<u> </u>	Name of Person			
	EE&G DISAST	ER RECOVERY SERVICE	S, LLC		
	**************************************	Firm/Company			
	57	51 Miami Lakes Drive			
	Address				
	M	iami Lakes, FL 33014			
		City/State and Zip Code			
	C R-mail address: (bailey@eeandg.com to be used for future annual report notifi	(dia)		
For first an information of			cation		
For further information of	concerning this matter, please of	an.			
	arolyn Bailey		374-8300		
Name	of Person	Area Code & Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 		
Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n		
	Box 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle		

Ξ,

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EE&G DISASTER RECOVERY SERVICES, 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 Florida document numberL10000130264	were filed on <u>December 21, 2010</u> and assigned		
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
N/A	TT N A		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation O "L.L.C."			
Enter new principal offices address, if applicable:	N/A P		
(Principal office address MUST BE A STREET ADDRESS)	Ţ		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
·			

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:	<u>N/A</u>	
New Registered Office Address:	N/A	
Territering for the second	Enter Florida street address	
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

Page 1 of 2

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

• • • •

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Darrell Glen Mittelstaedt	702 Greenbriar Way Slidell, LA 70460	Add Remove
			Add Remove
<u></u>			Add F
			Add In
			Add Remove
			Add Remove
D. If amendin		s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·	مېرىيىنى <u>مېرىمى مەرىپىلەر بىلەر مەرىپە مەرىپى مە</u> 	-
 Dated	11/02/2012	<i>q:</i>))	_
_		r authorized representative of a member arolyn Bailey	<u></u>
-		printed name of signee	
	Fili	Page 2 of 2 ng Fee: \$25.00	