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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY EXAMINER NOV - 7 2012

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173				
FILING COVER S ACCT. #FCA-14	SHEET			
CONTACT:	RICKY SOT	<u>'O</u>		
DATE:	11/06/2012			
REF. #:	RA3984.175470			
CORP. NAME:	EE&G DISA	STER RECOVERY SERVICES,	LLC	
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C () OTHER:	CATION	(XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL	
STATE FEES PREPAID WITH CHECK# <u>085</u> FOR \$ 25.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
COST LIMIT: \$				
PLEASE RETUR	RN:			
() CERTIFIED COPY	() C	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY	

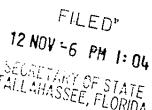
Examiner's Initials

() CERTIFICATE OF STATUS.

COVER LETTER

	Registration S Division of Co				
SUBJEC	- _T .	EE&G DISASTER RI	ECOVERY SERVICE	S, LLC	
Selloise		······································	ited Liability Company	The state of the s	
The encl	osed Articles o	of Amendment and fee(s) are sul	bmitted for filing.		
Please re	eturn all corresp	condence concerning this matter	r to the following:		
			Carolyn Bailey Name of Person		
			Name of Ferson		
		EE&G DISAST	TER RECOVERY SERVI	CES, LLC	
			Firm/Company		
	5751 Miami Lakes Drive				
	Address				
		N/	liami Lakes, FL 33014		
			City/State and Zip Code		
		c	bailey@eeandg.com to be used for future annual report n		
		E-mail address: (to be used for future annual report n	otification)	
For furth	er information	concerning this matter, please of	call:		
	С	arolyn Bailey	at (305)	374-8300	
	Name	of Person		time Telephone Number	
Enclosed	l is a check for	the following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive	porations g	
	4 611 61	version and the second of the	Tallahassee, FL		

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 I	Liability Compan	y were filed on _	December 21, 20	010 and assigned
Florida document numberL1000013				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company	<u>here</u> :	
	N/.			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Cor	npany," the designation	1 "LLC" of the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			n our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:	N/A	·		
New Registered Office Address:	N/A		Enter Florida street a	
			Enier r ioriaa sireei a	iaaress
	**************************************	City	, Florida	Zip Code
		/		

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	Timothy Gipe	5751 Miami Lakes Drive Miami Lakes, FL 33014	Add Remove
V			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
WIL 161			Add Remove
D. If amen	nding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
-			
 			
Dated	11/06/2012	will a	
	Signature of a	member or authorized representative of a member Carolyn Bailey Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00