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CORETARY OLLAHASSEE.

OF STATE

D. BRUCE
MAY 3 0 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Restorations Unlimi	ability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Richard	Burns Name of Person
Restoration	Burns Name of Person S Unlimited, LLC Firm/Company
	A #105 Deerfe W Beach Fr 334425 75 Address
	NASS 29
	Address AHAY OF STATE Seed for future annual report notification) Address AHAY OF STATE ORDERATE AND SEE FLORIDA FLORIDA AND SEE FLORI
For further information concerning this matter, please call:	RIDA ATE
Shantell Stail Name of Person	at (957) 418 - 3000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 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
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

Restore (Name of the Limited L (A F	ations Uniability Company	vas it now appears of	our records.)		
The Articles of Organization for this Limited Liab Florida document number	oility Company v			and ass	igned
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company,	'the designation "	'LLC" or the a	ıbbreviation
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET ADDRESS)				F	ਨ
Enter new mailing address, if applicable:				33.5 √	HY20
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			F STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	:		the name o	
Name of New Registered Agent:	<u>Kick</u>	nard Burns	•		
New Registered Office Address:	1805 S.	Powerline Lo	# 105	ldwaes	
	Dechel	Powerline Ro Enter Beach City	, Florida _	33442 Zip Code	<u>2</u>

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.

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
	Angela D Delgado	665 SE 10th St #201 Deccheld Beach F 33441	Add Remove
<u>M GRM</u>	Richard Burns	1805 S. Power line Rd #105 Decreed Beach is 33442	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	_	e(s) here: (Attach additional sheets, if necessary.)	
_+ _ <u>+</u> _£	WE WOULD LIKE TO 1 IS A Registered Age. The owner AND Sole He should be the only Togeth AND MANAGER. MAY 23, 201	REMOVE ANGELA Delgada At Richard Burns is MANAGING Member. Person lisks as Registered	12 MAY 29 RM 5: 30 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Dated	Signature of a member	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00