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SECRETARY OF STATE
ALLAHASSEE FLORID

## **COVER LETTER**

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SUBJECT: S	eminole	Fire Water Restoration	LLC	
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are subt	mitted for filing.	
Please return al	l correspond	dence concerning this matter	to the following:	
		Logan York		
			Name of Person	
		Seminole Fire Water	Restoration	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del> '
		400 Capital Circle St	E #18221	
			Address	<u> </u>
		Tallahassee, FL 323	01	
		seminolerestoration@ E-mail address: (t	City/State and Zip Code  yahoo.com  o be used for future annual report no	tification)
For further info	rmation con	cerning this matter, please ca	·	,
Logan York			850 222-532	6
	Name of P	Person	Area Code Daytii	me Telephone Number
Enclosed is a cl	heck for the	following amount:		
\$25.00 Filin	ng Fee	□ \$30.00 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 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**

## Seminole Fire Water Restoration 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 were filed on 6/10/2011	and assigned
Florida document number L11000067859	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words "	'Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		174 7.1
Name of New Registered Agent:		
New Registered Office Address:		SE CONTRACTOR OF THE CONTRACTO
	Enter Florida street address	
	, Florida	
N. B. Lee Land and Co.	City·	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	, <del></del> -

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

MGR= Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	Ashley York	400 Capital Circle SE #18221	Add
		Tallahassee, FL 32301	□ Remove
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		· · · · · · · · · · · · · · · · · · ·	Add
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Filing Fee: \$25.00

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