

L11000098164

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DIVISION OF CORPORATIONS
2014 AUG 25 PM 2:33
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 PM 2:42

FILED

AUG 25 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restoration Network, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elouise M. James
~~Restoration Network, LLC~~
Name of Person

Restoration Network, LLC
Firm/Company

8550 Donald Road
Address

Sneads, Fla. 32460
City/State and Zip Code

Kandejames@embarkmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elouise M. James at (850) 718-1514
Name of Person 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 & 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

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ALL INFORMATION
14 AUG 25 PM 2:12

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Restoration Network, 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 August 26, 2011 and assigned Florida document number L11000098164.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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:

N/A

New Registered Office Address:

Enter Florida street address

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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SECRET
TALLAHASSEE, FLORIDA

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MT. Moriah Christian Church	8011 old Spanish Trl. Sneads, FL. 32460	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

MGR	Christine Dawson	1966 Willow Bend Court	<input type="checkbox"/> Add
		6B Apt.	<input checked="" type="checkbox"/> Remove
		Sneads, FL 32460	

MGR Jackie Pender 4254 Century Rd ☐ Add
Greenwood, FL. 32443 ☒ Remove

MGR	Tony Marlow	3058 Currywoods Dr.	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> Remove

MGR	Cher Marlow	8028 Yellow Moon Rd	<input type="checkbox"/> Add
		Tall, FL	<input checked="" type="checkbox"/> Remove

☐ Add☐ Remove

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0-7

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 25, 2014.

Elouise M. James

Signature of a member or authorized representative of a member

Elouise M. James

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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