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B. BOSTICK
DEC 2 9 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co				-		
\		·	- David I			
SUBJECT: Re	estoration Constructi		a Bay, LLC			
	Name of Limi	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Andrew Lynch				
		Name of Person				
	Restoration Cor	nstruction Team of Ta	ampa Bay, LLC			
		Firm/Company				
•	47	725 N. Hesperides St				
		Address				
		Tampa, FL 33614				
s we a growy.		City/State and Zip Code				
•	alynch@tampabay.rr.com					
	E-mail address: (to be used for future annual rep	ort notification)	ZE SE		
For further information	concerning this matter, please o	call:			1 DEC	Partain)
A	ndrew Lynch	at (- 813)	389-4768	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	27	() <u>1571</u>
Name of Person Area Code & Daytime Telephone Number				770	כיד	PERSONAL IN
				7		/T \$2*
The state of the state of the	4 - 6 11			FLORID	* *	
Enclosed is a check for	the following amount:			ĐĄ.	ငာ	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		te of Statu	s &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Restoration Construction Team of Tampa Bay, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12-21-11 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ______L110000142843 -11000 142843 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2...

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 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
MGRM_	Frank Bragano	4725 N. Hesperides St. Tampa, FL 33614	Add Remove
MGR_	Frank Bragano	4725 N. Hesperides St Tampa, FL 33614	Add Remove
MGRM_	Andrew Lynch	4725 N. Hepserides St. Tampa, FL 33614	Add Remove
MGR	Andrew Lynch	4725 N. Hepserides St Tampa, FL 33614	Add Remove
MGRM 	Aria Fresca, LTD	4725 N. Hepserides St. Tampa, FL 33614	✓ Add Remove
MGR_	Aria Fresca, LTD	4725 N. Hesperides St. Tampa, FL	✓Add □Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	y.)
_		•	TAL II
			AH, SST
Dated	Detember 22.	2011	PII II 48
	Signature of a men	mber or authorized representative of a member Andrew Lynch	····
	Ty	pped or printed name of signee	
		Page 2 of 2	

Filing Fee:-\$25.00----