

L12000074691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

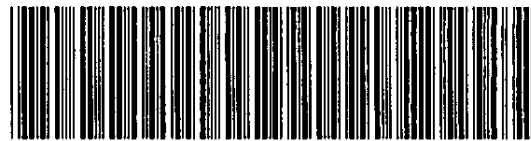
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TALLAHASSEE, FLORIDA
17 FEB 16 AM 8:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restorations Unlimited USA
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:

Shantell Stib
Name of Person
Restorations Unlimited
Firm/Company
1045 N. 21st Ave
Address
Hollywood FL 33020
City/State and Zip Code
info@restorationsunltd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantell Stib at (954) 418 3000
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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Restorations Unlimited, USA, LLC

The Articles of Organization for this Limited Liability Company were filed on 6/5/2012 and assigned
Florida document number L12000074691

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christopher Pico	2038 Hayes St.	<input type="checkbox"/> Add
		Hollywood Fl 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Richie Burns	1045 N. 21st Ave	<input checked="" type="checkbox"/> Add
		Hollywood Fl 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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1 FEB 16 AM 8:15

17 FEB 16 AM 8:13

17 FEB 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 2/14/2017 12:30 pm

Signature of a member or authorized representative of a member

Christopher Pico
Typed or printed

Typed or printed name of signee