4/2000/2/493

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
OCT 11 2012				

EXAMINER

Office Use Only



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10/09/12--01017--019 **25.00



COVER LETTER

	Division of Co				
SHIDIEC	ъ.	LE2US F	Restoration LLC.		
SUBJEC	.l:		ited Liability Company	,	
The enclo	osed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
			David Ball		
			Name of Person	7 25 25 25 25 25 25 25 25 25 25 25 25 25	
Int		Int	erPro Restoration LLC.	ALLARASS	
			Firm/Company	<u></u>	
		PH EFFE			
			Address	FLOADE	
	Trinity, FL. 34655				
			City/State and Zip Code		
		dball.florid E-mail address: (aservicesoftampa@gmail.com to be used for future annual report notification	<u>n)</u>	
For furthe	er information	concerning this matter, please of	eall:		
		David Ball	at (2-1726	
	Name	of Person	Area Code & Daytime Tele	ephone Number	
Enclosed	is a check for	the following amount:			
\$25.0	0 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		eration Section on of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE2US Resto				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	9/24/2012	and ass	signed
Florida document number L12000121493				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
InterPro Resto	oration LLC.			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company	", the designation,	'LLC" or the	abbreviation
b.b.c.			20 8	
Enter new principal offices address, if applicable:		,	<i>는</i>	
(Principal office address MUST BE A STREET ADDRESS)			新 8	71
		-	7 P	Lil
Enter new mailing address, if applicable:		r		
(Mailing address MAY BE A POST OFFICE BOX)		•		
		·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter</u>	the name o	of the new
Name of New Registered Agent:				
New Registered Office Address:		 	<u> </u>	
	Enter	· Florida street aa	ldress	
		, Florida		
	City		Zip Cod	e

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.

If 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:

٠٠,

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u>.</u>			Add Remove
18 11 11 1 10 10			☐ Add ☐ (Remove — —
····		SET OF TO SET	
). If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	6 7
			- -
			_
Dated	October 5th	012	_
	Signature of a member	er or authorized representative of a member	
		David Ball d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00