12000121603

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COVER LETTER

TO:

Registration Section **Division of Corporations**

24-7 Reliable Disaster Restoration L.L.C

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:

Avi Ben-Susen

Name of Person

24-7 Reliable Disaster Restoration L.L.C

Firm/Company

3748 SW 50th CT.

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

avi1016@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avi Ben-Susen

Name of Person

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



October 22, 2013

AVI BENO-SUSEN 185 SW 20TH WAY S1 DANIA BEACH, FL 33004

SUBJECT: 24-7 RELIABLE DISASTER RESTORATION L.L.C.

Ref. Number: L12000121603

We have received your document for 24-7 RELIABLE DISASTER RESTORATION L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 613A00024617

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

2013 NOV 18 AM 8: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24-7 Reliable Disaster Restoration I	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000121603</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3748 SW 50th CT
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33312
Enter new mailing address, if applicable:	3748 SW 50th CT
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33312
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	
	, Florida
	City Zin 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 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Type of Action **Title** Name Sergio Rastelli 185 sw 20th way. Bay S-1 **MGRM** Dania Beach, FL 33004 Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

. 'If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
The New Address that s	should show on the system should be 3748 SW 50th Court. Fort Lauderdale, FL 33312
·	
4440	0040
ated 11/13	2013
	Signature of a member or authorized representative of a member
Avi Ben-Su	usen
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 18 AM 8: 50
SECKETARY OF STATE