L13000057339

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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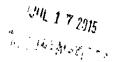
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15 JUL 16 PM 2: 27
SECRETARY OF STATE
TALL AHASSEE, FLORIDA



ARTICLES OF AMENDMENT TO. ** ARTICLES OF ORGANIZATION OF

OB RESTORATION LLC.		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recor orida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L13000057339	ty Company were filed on 04/18/2013	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	70 UI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our record	JUL 16 PH 2:27 LIARISSEE FLORID
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	?\$\$
	, F	lorida
	=₩	

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Rodrigo de Carvalho Gonsalves	2126 Whitewood Court	
		Orlando, Fl 32837	□ Remove
			Change
	 		
			Remove
			Change
	ALSO SARIES.		
			Remove
			Change
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			Change
			→ □ □ Add
			SECRE ARY OF STA
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Effective date, if other than the date of filing: [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 603.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated July 14 Jul	. 4								_
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