## L1300057424

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300305624893

11/30/17--01008--019 \*\*30.00

17 DEC -1 AM 9: 29



## COVER LETTER

	Registration Sec Division of Corp			
end iez		IAL RENOVATION & REST	TORATION IIc	
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		ANDREW DELGADO		
			Name of Person	
		RESIDENTIAL RENOVA	ATION & RESTORATION LLC	
			Firm/Company	
		P.O. BOX 2219		
			Address	
		MARCO ISLAND, FL. 34	146	
			City/State and Zip Code	
		SWFLRRR@GMAIL.COM		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please co	all;	
ANDRE	W DELGADO		239 465-7888	
	Name of	Person	at ()	Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0	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:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESIDENTIAL RENOVATION & RESTORATION I		
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appears on our records.) ability Company)	
ne Articles of Organization for this Limited Liability Company orida document number $\frac{\text{Li}3000057424}{\text{Li}3000057424}$ .	were filed on 4/19/2013	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabil	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
ter new principal offices address, if applicable:		77
incipal office address MUST BE A STREET ADDRESS)		SET WELL
		1 SS
	-	
ter new mailing address, if applicable:		<b></b>
Ç		<i>∾</i> :-
ailing address MAY BE A POST OFFICE BOX)		٠- د
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip 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 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	ROBERT J FORD	29 20TH AVENUE SOUTH	
		JACKSONVILLE. FL 34114	■ Remove
			Change
MGR	JOHN WOODS	322 ROUTE 101	□ Add
		AMHERST, NH 03031	■ Remove
			Change
		<del></del>	
			Remove
			Change
			□ Add
			□ Remove
			Change
		<del></del>	Add
			□ Remove
			Change
		<del>.</del>	
			□ Remove
			□ Change

	····					<del></del>	
						<del> </del>	
		<del></del>				<del></del>	
						17	M
						030	- c
	<del></del> -						>
							7
	<del></del>					<del>à-</del>	• ;
				<del> </del>	<u>-</u> -	29	:
	<del></del>						
			<del></del>				
				<del></del>			
					<del></del> -		
l <b>fective</b> an effecti	date, if other than the dat we date is listed, the date must be	te of filing: specific and cannot b	e prior to date of fi	ing or more than 90 c	_ (optional) lavs after filing.) Pr	arsuant to 605.	0207
ote: If t	he date inserted in this block	does not meet the	applicable statuto	ory filing requirem	ents, this date wil	l not be liste	d as
reument	's effective date on the Depar	tment of State's re	cords.				
	d specifies a delayed ef Ith day after the record		ut not an effe	ctive time, at 1	.2:01 a.m. on	the earlie	er of
11/	27/2017			•			
ated	27/2017	· · · · · · · · · · · · · · · · · · ·	· ·				
			1	•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00