

L13000121927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

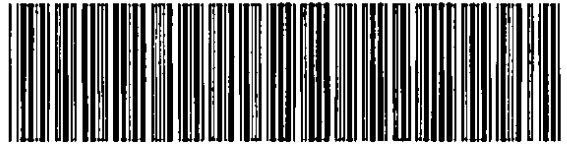
(Document Number)

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2022 AUG 12 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VELOCITY RESTORATIONS LLC

\_\_\_\_\_  
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:

KAREN WILSON

\_\_\_\_\_  
Name of Person

VELOCITY RESTORATIONS

\_\_\_\_\_  
Firm/Company

15 E QUINTETTE ROAD

\_\_\_\_\_  
Address

CANTONMENT, FL 32533

\_\_\_\_\_  
City/State and Zip Code

karen@velocityrestorations.com

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

For further information concerning this matter, please call:

Karen Wilson

850

434-6769 EXT 101

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VELOCITY RESTORATIONS LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/28/2013 and assigned  
Florida document number LL3000121927.

This amendment is submitted to amend the following:

**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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

15 E QUINTETTE ROAD  
CANTONMENT, FL 32533

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15 E QUINTETTE ROAD  
CANTONMENT, FL 32533

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GLENN A KERMES

New Registered Office Address:

15 E QUINTETTE ROAD

*Enter Florida street address*

CANTONMENT

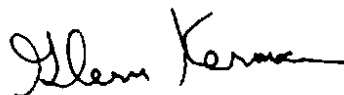
*City*

Florida 32533

*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**

**FILED**  
2012 AUG 12 PM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>
MGR	STUART B WILSON	15 E QUINTETTE ROAD	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANDON T SEGERS	100 S MYRICK STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	GLENN A KERMES	15 E QUINTETTE ROAD	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY F SCOTT	15 E QUINTETTE ROAD	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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: (b) The 90th day after the record is filed.

2022

Signature of a member or authorized representative of a member

STUART B WILSON

Typed or printed name of signee