L13000 154 178

| (R | equestor's Name |) |
|---|--------------------|--------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | Jusiness Entity Na | ame) |
| (D | Ocument Numbe | r) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | i |

Office Use Only



600258363746

04/07/14--01012--010 **60.00

SECRETIAN OF COEFFORM IONS
DIVISION OF COEFFORM IONS

APR - 9 2014 J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SOUTH FL WATER RESTORATION 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:

RICO OZ-MAR

Name of Person

RICO'\$ PROFESSIONAL SERVICES

Firm/Company

13901 SW 279TH LANE

Address

HOMESTEAD, FL. 33032

City/State and Zip Code

RICOZMAR@YAHOO.COM

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

For further information concerning this matter, please call:

RICO OZ-MAR

789 970-7999

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FL WATER RESTORATION LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| • | lorida Limited Liability Company) | |
|--|--|--------------------------------------|
| The Articles of Organization for this Limited Liabil | ity Company were filed on 11/2013 | (11 01 2013 and assigned |
| Florida document number L13000154178 | · | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| ALL FLORIDA WATER RESTORATION | | |
| The new name must be distinguishable and end with the word | s "Limited Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | DIVISE. |
| (Principal office address MUST BE A STREET A | DDRESS) | AP OF STREET |
| • | | 1 257 |
| | | - 0代元 - 2.2gg |
| Enter new mailing address, if applicable: | | 17 |
| (Mailing address MAY BE A POST OFFICE BO. | | ∵ ವ೭. |
| 12.2 | <u> </u> | 10 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | cords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | address |
| | | , Florida |
| - | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| AMBR = A | | A 11 | Towns of Assiss |
|--------------|-------------|----------------|---|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | |
| | | | |
| | | | □ Add |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | |
| | | | SECRETARY IVIDION OF CAPPR -7 |
| | | | |
| | | | PH AR: 39 |
| | | | 3 5 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| | | | |
| | | | |
| | | | |
| | | | □ Remove |
| | | | |
| | | | □ Add |
| | | | |
| | | | □ Remove |

| If amending any oth | er information, enter change(s) here: (Attac | ch additional sheets, if necessary.) |
|--|--|---|
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| (The effective date must be the date this document is it | er than the date of filing: specific, cannot be prior to date of receipt or filed date ar iled by the Florida Department of State) | (optional) and cannot be more than 90 days after |
| Dated 04/05 | , <u>2014</u> | |
| 7 | in taleton | |
| MARIO | Signature of a member or authorized repr DHIDALGO Turned or printed name of | |

Page 3 of 3

Filing Fee: \$25.00