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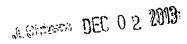
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COVER LETTER

To: Registration Section
Division of Corporations

T&M RESTORATION AND RECOVERY 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:

TIMOTHY W TATE

Name of Person

T&M RESTORATION AND RECOVERY LLC

Firm/Company

17034 46TH CT N

Address

LOXAHATCHEE FL 33470

City/State and Zip Code

BESTAXES@HOTMAIL.COM

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

For further information concerning this matter, please call:

TIMOTHY W TATE

at (954) 687-6872

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

T&M RESTORATION AND RECOVERY 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 Li	ability Company	were filed on NOVEME	BER 08, 2013 and assigned	
Florida document number L13000157651				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREET ADDRESS)		17034 46TH CT N		
		LOXAHATCHEE FI	_ 33470	
Enter new mailing address, if applicable:		17034 46TH CT N		
(Mailing address MAY BE A POST OFFICE BOX)		LOXAHATCHEE F	L 33470	
B. If amending the registered agent and/or registered agent and/or the new registered of			ords, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	17034 46TH		To the state of th	
		Enter Flor	ida street address	
	LOXAHATO		, Florida <u>33470</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing R	legistered 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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** 17034 46TH CT N **MGRM** TIMOTHY W TATE LOXAHATCHEE FL 33470 Remove Remove

Remove

. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
NOVEMBER 19	2013
· art	
Signature of a	a member or authorized representative of a member
TIMOTHY W TATE	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

HOV 27 AM