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#),,

S. YOUNG



January 19, 2016

DIANA BARRAGAN 312 E HARRISON STREET TAMPA, FL 33602

SUBJECT: AVIANO HOLDINGS GROUP, LLC

Ref. Number: L14000009301

We have received your document for AVIANO HOLDINGS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00001157

## Restoration & Interiors, Inc.

PO Box 15489 St. Petersburg, FI 33733

Phone: 727-823-3955 Fax: 727-341-9572 info.tpri@gmail.com

License: CGC 022901 // CCC 02248

January 25, 2016

Shelia Young, Regulatory Specialist II Florida Department of State, Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Aviano Holdings Group, LLC Ref# L14000009301, Letter #116A00001157

Dear Ms. Sheila Young:

Please accept this letter as authorization For Aviano Holdings Group to use Restoration & Interior, LLC for name change as there is common ownership between partners. Therefore we request that you please expedite name change of Aviano Holdings Group, LLC to the new name of Restoration & Interiors, LLC.

Should you have any questions regarding same please contact me at (727) 480-7506.

Thank you,

Dorman T. Ravne

## **COVER LETTER**

	, Registration Se Division of Corp						
		dings Group, LLC					
SUBJEC	T:	Name of Lim	ited Liability Company		-		
		Amendment and fee(s) are sub	_				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Diana Barragan					
			Name of Person		_		
		Aviano Holdings Group, L	LC				
		<del></del>	Firm/Company		_		
		312 E Harrison St			== 40°	5	
			Address				
		Tampa FL 33602					
		<del></del>	City/State and Zip Code			2	[T
		diana@tachht.com	1.1			至	<u> </u>
For furth	er information co	e-mail address: (	to be used for future annual repo all:	ort notification)		# U	
Diana Ba	arragan		813 424 27	727			
	Name of	f Person	Area Code I	Daytime Telephone Numb	per	-	
Enclosed	is a check for th	ne following amount:					
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifi	Filing Felicate of Sted Copy	tatus &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buile	Corporations ding tive Center Circle	:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aviano Holdings Group, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L14000009301	were filed on 01/17/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Restoration & Interiors, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	312 E Harrison St	
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33602	岩箔 6
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of		ords, enter the name of the ne
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity.	

If Changing Registered Agent, Signature of New Registered Agent

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 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	Dorman T Payne	1950 Central Ave	<b>⊟</b> Add
		St Petersburg FL 33712	Remove
			□ Change
MGR	Trey Payne	1950 Central Ave	■ Add
		St Petersburg FL 33712	□ Remove
			☐ Change
			Add  Remove  S  Add  Add
			□ Remove
	<del> </del>		□ Change
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to date of file the does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
e record specifies a delayed The 90th day after the reco		ctive time, at 12:01 a.m. on the earlier o
ated January 13	, 2016	
mulli	1 mally	
	ignature of a member or authorized repres	entative of a member

Page 3 of 3

Filing Fee: \$25.00