

L14 000009301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

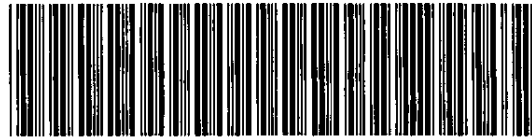
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 OCT 11 PM 4:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 11 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

RESTORATION CONSTRUCTION TEAM, LLC
BEVERLY SMOAK
312 E. HARRISON ST.
TAMPA, FL 33602

SUBJECT: RESTORATION CONSTRUCTION TEAM, LLC
Ref. Number: L14000009301

2016 SEP 21 PM 11:40
RECEIVED

We have received your document for RESTORATION CONSTRUCTION TEAM, 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 on the document must match the name on our records.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00020270

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restoration & Interiors 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:

Beverly Smoak
Name of Person

Restoration & Interiors LLC
Firm/Company

312 E. Harrison St
Address

Tampa, FL 33602
City/State and Zip Code

Bev@tachht.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Smoak at (813) 699-4250
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**

Restoration Construction Team LLC

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/17/2014 and assigned
Florida document number L14000009301.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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 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	Payne, Dorman	2080 Michigan Ave N.E.	<input type="checkbox"/> Add
		St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2016 OCT 1
PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 11 PM 1:10
PLANTING OF SEEDS
TALLAHASSEE, FLORIDA

FILED
2016 OCT 11 PM 4:10
CLERK OF DISTRICT COURT
DAKOTA TERRITORY
JESSIE HARRIS

(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.

Dated September 15, 2016

Signature of a member or authorized representative of a member

Beverly Smoak

Typed or printed name of signee