Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000089860 3)))

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02/25/2032 01:22

FIL # 24 13 P. 002/004

H14000089860 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2014 APR 15 AM 9: 50

FIRE & Water RESTORATION SERVICES, LLC ALL NATIONS

(Name of the Limited Liability (A Florida L	imited Liability Compan	y) In lat		
The Articles of Organization for this Limited Liability Co		1/3//14	and assigned	
Florida document number <u>L14000017644</u>	<u>_</u> .	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit ALL NATIONS REST The new name must be distinguishable and end with the wor "L,L,C."	ORATION	LLC.	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDR.	FCC)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		on our records, 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	d 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

Page 1 of 3

02/25/2032 01:23

MGR = Manager

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 = Authorized Member						
<u>Title</u>	Name	Address	Type of Action			
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D. If amend:	ing any other information, e	nter change(s) hore: (Attaci	i additional sheets, if necessal	'Y#
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E. Effective	date, if other than the date over date is listed, the date must	of filing:	ce than 90 days after filing) ((l) 505 0207 (3Yb)
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