

L14000170935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

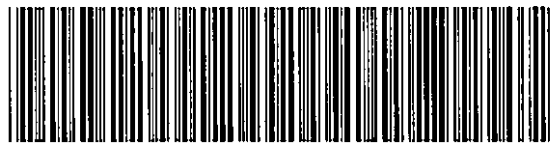
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/18--01043--004 **35.00

2018 JUN 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

JUN 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

SOUTH FLORIDA RESTORATION SERVICE LLC
ATTN: VICTOR RAMON PARRONDO
11844 SW 203RD ST
MIAMI, FL 33177

SUBJECT: SOUTH FLORIDA RESTORATION SERVICE LLC
Ref. Number: L14000170935

We have received your document for SOUTH FLORIDA RESTORATION SERVICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The current name is as it appears on the enclosed print-out. Please be sure to complete the correct application with the appropriate entity name.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 718A00012150

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Restoration Service 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:

Victor Ramon Ferrando
Name of Person

South Florida Restoration Service
Firm/Company

11844 SW 203 ST
Address

Miami, FL 33177
City/State and Zip Code

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

For further information concerning this matter, please call:

Leticia Ferrando at (305) 431-1846
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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DEPARTMENT OF
DIVISION OF CORP.
TALLAHASSEE

MM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

South Florida Restoration Service 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 Liability Company were filed on 11-3-2014 and assigned
Florida document number L14000170935

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)

11844 SW 203ST
Miami, FL 33177

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:

Victor Ramon Parrondo

New Registered Office Address:

11844 SW 203ST

Enter Florida street address

Miami

City

Florida

33177

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.

Victor R. Parrondo

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> |
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| MGR | Victor Ramon Ferrando | 11841 SW 203 St | <input checked="" type="checkbox"/> Add |
|-----|-----------------------|-----------------|---|

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| | | Miami, FL 33177 | <input type="checkbox"/> Remove |
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| MGR. | Victor Daniel Ferrando | 8530 SW 174 | <input type="checkbox"/> Add |
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| | | Miami, FL | <input checked="" type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6-15, 2018.

Victor R Paudyal

Signature of a member or authorized representative of a member

Victor Ramon Parrondo

Typed or printed name of signee

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SECRETARY OF STATE
101 ATLANTIC BLVD
ATLANTA, GA 30334