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AUG 20 2020 S. YOUNG

COVER LETTER-

Tallahassec, FL 32314

TO:	Registration Se Division of Cor						
OLD FE		nts Restoration, LLC					
SUBJE	CI:	Name of Lim	ted Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	indence concerning this matter	to the following:				
		Joseph W. Thomas					
			Name of Person				
		Thomas Legal Group PLC					
Firm/Company 801 W. Big Beaver Rd., Ste. 401							
		Troy, MI 48084					
		City/State and Zip Code					
		jthomas@jthomaslegal.com					
			to be used for future annual report no	urication)			
For furt	her information o	oncerning this matter, please o	all:				
Joseph	W. Thomas		248 613-4700 at ()				
	Name o	f Person	Area Code Daytii	me Telephone Number			
Enclose	d is a check for t	he following amount:					
≅ \$25	5.00 Filing Fee	S30.00 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 Division of C	Section	Street Address: Registration S Division of Co				
	PO Box 632	-	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Contents Restoration, LLC		3
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou- Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number L14000175975	were filed on November	- 12, 2014 and assigned o
This amendment is submitted to amend the following:		PH 6: 14
A. If amending name, enter the new name of the limited liab	ility company here:	٠ .
C Contents OLDCO, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	5050 N. Ocean Dr., Un	it 1003
(Principal office address MUST BE A STREET ADDRESS)	Singer Island, FL 33404	4
Enter new mailing address, if applicable:	801 W. Big Beaver Rd.	, Ste. 401
(Mailing address MAY BE A POST OFFICE BOX)	Troy, MI 48084	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: William L. Jarv		, enter the name of the new register
New Registered Office Address: 5050 N. Ocean	Dr., Unit 1003	
New Registered Office Address.	Enter Florida stree	et address
Singer Island		, Florida <u>33404</u>
	Ciŋ	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>	Name	Address	Type of Action

			□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			□ Change
			⊒Remove
			□Remove
			□Change
			[]Add
			[]Remove
			(TChange

Page 2 of 3

	,
 -	
Note: If th	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.
Dated	7/6/2020 Willin Jus
	00
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00