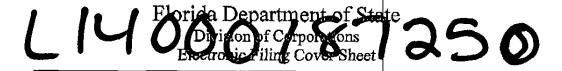
Division of Corporations

Page 1 of 2



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.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

MASTERMIND ROOFING AT				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears or Jability Company)	our records.)		
e Articles of Organization for this Limited Liability Company were filed on		12/08/2014	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:			
A+ RESTORATIONS SERVI	CES LLC			
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the design	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1130 E DONEGAT	AV. SUITE 4		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL	4744		
			10 PA	
	1130 B DONEGA	I AV. SUITE 4	SSE ON THE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL	4744	THE THE STATE OF	
Making thatess MA) BEAFOST OFFICE BOAT				
			5 -	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address bername of New Registered Agent:	ffice address on o	ir records, <u>ent</u>	er the name of the ne	
New Registered Office Address:				
New Registered Office Address.	Enter Florida	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, If changing Registered Agent:				
l hereby accept the appointment as registered agent and agr provisions of all stanites relative to the proper and complete accept the obligations of my position as registered agent as I being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I a pter 605, F.S. (n familiar with and Or, if this document is	
Tech	nuina Donistared Agent	Signature of New	Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the title name or removed from our records:		and address of each person being added		
MGR = N AMBR = A	Janager Authorized Member			
Title	<u>Name</u>	Address	Type of Action	
MGRM	LUIS PARDO	3895 WOODTRUSH DR	Add	
		KISSIMMEE, FL 34744	≅ Remove	
			☐ Change	
MGRM	NOFIORA SINGH-ESTRADA	144 WEIRFIELD STREET	Add	
		BROKLYN, NY 11221	≅ Remove	
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D. If amen	ding any other information,	enter change(s) here:	(Attach additional .	heets, if necessar	y.)	
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