

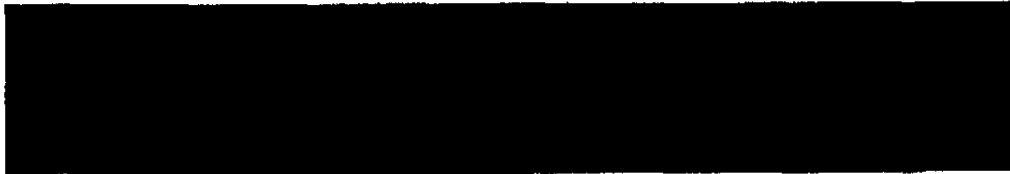
1/15/2015

L15000006422

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX PLACE
Account Number : 120100000011
Phone : (954)369-4444
Fax Number : (954)369-4446

FILED
15 JAN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
15 JAN 15 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RSM RESTORATION LLC**

EFFECTIVE DATE
1-15-15

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RSM RESTORATION LLC

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

EFFECTIVE DATE
4/15/15
FILED
15 JAN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/12/2015 and assigned
Florida document number L15000006422

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 end with 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAFHAEL S MORAES	22453 SW 66TH AVE APT 102	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
MGR	WRONG NAME RAFAEL S MORAES	22453 SW 66TH AVE APT 102	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 01/15/2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 15TH, 2015.

Rafhael S. Moraes

Signature of a member or authorized representative of a member

RAFHAEL S. MORAES

Typed or printed name of signee