45000042553

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|----------|------------------------------------|--|---|--|------------------|--------|
| CHIDIE | | Restoration Specialists LLC | | | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | | | |
| | | Joshua D. Worsham | | | | |
| | | | Name of Person | | | |
| | | Battle Born Restoration Sp | pecialists LLC | | | |
| | | | Firm/Company | | | |
| | | 22146 Rosewall Ct. | | | | |
| | | | Address | | | |
| | | Land O' Lakes FL 34639 | | | | |
| | | | City/State and Zip Code | | | |
| | | contact@battleborndryout.c | | TA | SE 6 | |
| | | E-mail address: (| to be used for future annual report notific | cation) | CZE G | |
| For furt | her information c | oncerning this matter, please ca | all: | ###################################### | | = |
| Joshua | D Worsham | | 813 507-2688 at () | | 7 9 E | FILED. |
| T71 | | f Person | Area Code Daytime | Telephone Number | ISTATE POSIDA | , |
| | | ne following amount: | | _ | | |
| \$25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Certificate of Certified Contact (additional contact) | of Status & opy | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Battle Born Restoration Specialists LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited L (A F | lability Company as it now appears on our records.) lorida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabil Florida document number L-15000042553 | ity Company were filed on 3/9/2015 | and assigned |
| This amendment is submitted to amend the following | ng: | |
| Florida document number L-15000042553 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] | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u> </u> | * |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u></u> | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | State name of the new |
| Name of New Registered Agent: | | MO TO |
| New Registered Office Address: | Enter Florida street address | S W |
| | | |
| - | , Florida | 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

| Name | Address | Type of Action |
|-----------------|---|-------------------------------------|
| Jacob B Roberts | 29340 Crossland Dr. | |
| | Wesley Chapel FL 33543 | ■ Remove |
| | | ☐ Change |
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| | | ☐ Remove |
| | | Jacob B Roberts 29340 Crossland Dr. |

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| ective date, if other than th | e date of filing: 7/2: | 5/2016 | | _(optional) 复用 S |
| effective date is listed, the date mi | ist be specific and canno | t be prior to date of f | iling or more than 90 d | ays after filing.) Pursuant to 605.02 ents, this date will not be listed |
| cument's effective date on the l | | | ory minig requireme | na, ins due wil not be listed |
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| record specifies a delaye he 90th day after the re | | out not an effe | ective time, at 1 | 2:01 a.m. on the earlier |
| ed | 201 | 6 | | |
| | 2001 | | | |
| | Signature of a member | | | |

Page 3 of 3

Filing Fee: \$25.00