

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

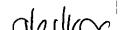
Office Use Only



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SEGRETARY OF STATE



## **COVER LETTER**

	ration Sec on of Corp						
SUBJECT:	CONSTR	UCTION RESTORATION SI	Initited Liability Company  Abmitted for filing.  Ber to the following:  Name of Person  TORATION SERVICES LLC  Firm/Company  Address  33076  City/State and Zip Code  Et (to be used for future annual report notification)				
30bjec 1		Name of Lim	ited Liability Company				
		Amendment and fee(s) are substance concerning this matter	_				
r rouse return un	Correspon	YARIT FADEL	to the following.				
			Name of Person				
		CONSTRUCTION RESTO	DRATION SERVICES LLC				
			Firm/Company				
		5029 NW 107 AVE			1 <u>2</u> 8€	<u>ਤੇ</u> `	
			Address			ક્ક	
		CORAL SPRINGS, FL 33	076		S		-
			City/State and Zip Code		(24.4		T
		orenazmi@yahoo.com  E-mail address: (1	to be used for future annual report notific	ation)	22	壬二	٠
For further info	rmation co	oncerning this matter, please ca	·	·		: 25	
OREN ATZMI			954 958-9045 at ( )				
	Name of	Person	Area Code Daytime 7	Celephone Number	<del></del>		
Enclosed is a ch	neck for th	e following amount:					
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

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**

## CONSTRUCTION RESTORATION SERVICES LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now app Liability Company	ears on our rec	cords.)		`	
The Articles of Organization for this Limited Liability Company Florida document numberL15000054164	y were filed on	03/26/2015		and as	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company	here:				
The new name must be distinguishable and contain the words "Limited Liab	pility Company," th	e designation "	LLC" or the abbr	eviation "I	L.C."	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)				SECUL SECUL	<del>16</del> SE	_
Enter new mailing address, if applicable:					- <del>6</del>	
(Mailing address MAY BE A POST OFFICE BOX)				S S S S S	元 1:2	- -
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		on our reco	ords, <u>enter tl</u>	he hame		e nev
Name of New Registered Agent:						
New Registered Office Address:						
	Enter F	lorida street ad	ldress			
***	City		, Florida	Zip Code		_
New Registered Agent's Signature, if changing Registered Agent	·			•		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet						

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>	<u>Name</u>	Address	Type of Action
AMBR	AHARON O ATZMI	5029 NW 107 AVE	
		CORAL SPRINGS, FL 33076	□ Remove
			☐ Change
AMBR	MIGUEL A RIOS JR	2021 SW 2ND ST APT 4	
		MIAMI, FL 33135	■ Remove
		<del></del>	☐ Change
MGR	MIGUEL A RIOS JR	2021 SW 2ND ST APT 4	■ Add
		MIAMI, FL 33135	Remove
		Michigan	Change
			SEP 19 M 11: 25  PREMOVE  Change  Chan
			Change
		_	□ Add
			□ Remove
			Change

Effective date, if other than the date of filing:  ((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)( 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.  The 90th day after the record is filed.  Dated  SEPTEMBER 15  2016  Signature of a member or authorized representative of a member  YARIT FADEL	•		-
Effective date, if other than the date of filing:			-
Effective date, if other than the date of filing:	•		-
Effective date, if other than the date of filing:	•		_
Effective date, if other than the date of filing:	•		-
Effective date, if other than the date of filing:			-
Effective date, if other than the date of filing:			-
Effective date, if other than the date of filing:	•		-
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	Dated	SEPTEMBER 15 , 2016	
		· yarit Fadel	
		( ) Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00