L15000098188

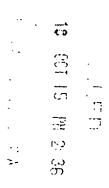
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COVER LETTER

TO: Registration Section Division of Corporations SERVXPRESS RESTORATIONS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRO S MARQUEZ Name of Person SERVXPRESS RESTORATIONS LLC Firm/Company 11936 SW 73RD TER Address MIAMI, FL 33183 City/State and Zip Code MOLDESJ@INTAXINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 229-2710 JOSE MOLDES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 22, 2018

ALEJANDRO MARQUEZ 8306 MILLS DR, STE 350 MIAMI, FL 33183

SUBJECT: SERVXPRESS RESTORATIONS LLC

Ref. Number: L15000098188

We have received your document for SERVXPRESS RESTORATIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00019803

Octavia L Simmons Regulatory Specialist III

2018 OCT ~3 AN 10: 4.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVXPRESS RESTORATIONS L	LC		
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited Lia Norida document number L15000098188	ability Company	were filed on <u>06-04-20</u>	015 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designa	
Inter new principal offices address, if applica	ıble:	N/A	
Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	N/A	5 PH 0 36
3. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	or registered o fice address her N/A	office address on our re:	records, enter the name of the
	N/A		
New Registered Office Address:	1975	Enter Florida st	reet address
			. Florida
			, I IVI IUA

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	COLON BLANCO JOSE ORIOL	491 TALAVERA RD WESTON, FL 33326	
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ffective date, if other than th	e date of filing:	4-2018	_	_ (optional)
an effective date is listed, the date moother. If the date inserted in this b	ist be specific and cannot	be prior to date of filin	ig or more than 90 o	lays after filing	g.) Pursuant to 605.03
ocument's effective date on the I	Department of State's r	ecords.	, mag regarem		
e record specifies a delaye The 90th day after the re	ed effective date, b cord is filed.	out not an effect	tive time, at 1	.2:01 a.m.	on the earlier
OCTOBER 04	1998	3			
116		 ·			
ASM		or authorized represe			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00