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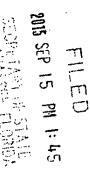
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

	Corporations **	· ·	
SURIECT: RES	STORATION 1 07	FORT MYERS	LLC
	Name of Lim	ited Liability Company	·
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	TAMAS K	RISZTIAN	
		Name of Person	
		OF FORT MYERS . Firm/Company	445
		Firm/Company	
	715 NE 1944	PLACE UNIT #	39
		Address	
	CAPE CORAL	TLORIDA 33°City/State and Zip Code	909
		City/State and Zip Code	
	TAMAS, RESTOR	RATIONIE GHAIL. C to be used for future annual report notifi	Cotton)
For further information	on concerning this matter, please ca		curion,
TAMAS	KAIBZTIAN	at (<u>305</u>) 6/9 - Area Code Daytime	4995
Na	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fed	e □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

TO ARTICLES OF ORGANIZATION **OF**

FILED

2015 SEP 15 PM 1: 45

RESTORATION 1 07 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company v	were filed or	06/0	08 2015	and assigned	l
Florida document number <u>L 15 0 00 099 1</u>			·	,		
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liabil	ity compan	<u>y here</u> :			
RESTOR ATION 1 0 The new name must be distinguishable and contain the wor	F FORT	MYE	15 %	LC		
The new name must be distinguishable and contain the wor						
Enter new principal offices address, if applicat	ole:	715 1	UE 19	7th PLA	CE UNIT 33909	#39
(Principal office address MUST BE A STREET	ADDRESS)	CAPE	CORAL	- , FL	33909	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office.	registered off		on our r	ecords, <u>enter</u>	the name of th	ne new
Name of New Registered Agent:	PAGAN) Þ	AUID			
New Registered Office Address:	8651		24 to		RT	
	SDA /R				733 27	
		City		, FIOMGA	33322 Zip Code	_
New Registered Agent's Signature, if changing Re	gistered 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

or removed i	rom our records:				
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	PAGAN DAVID	8651 NW 24 th COUR	_T□ Add		
		SUNRISE FL 33322	Remove		
			Change		
MGK	KNSZTIAN TAMAS	1649 MOFFETT St	Add		
		HOLLYWOOD, FL 3302	<u> </u>		
			Change		
	 				
			□ Remove		
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(If an ef	tive date, if other than the date of filing: 06/08/2015 (optional) Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that on the Department of State's records.	0.0207 (3)(b) ed as the
o) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	8 gnature of a member or authorized representative of a member	
	/ H	
	Signature of a member or authorized representative of a member	
	TAMAS KRIBZTIAN Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00