

**LIS000099700**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 SEP 15 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

McAllen SEP 10 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RESTORATION 1 OF FORT MYERS LLC  
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:

TAMAS KRISZTIAN  
Name of Person

RESTORATION 1 OF FORT MYERS LLC  
Firm/Company

715 NE 19<sup>th</sup> PLACE UNIT #39  
Address

CAPE CORAL FLORIDA 33909  
City/State and Zip Code

TAMAS.RESTORATION1@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMAS KRISZTIAN at (305) 619-4995  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2015 SEP 15 PM 1:45

RESTORATION 1 OF FORT MYERS LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/08/2015 and assigned  
Florida document number L15000099700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RESTORATION 1 OF FORT MYERS LLC

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)

715 NE 19<sup>th</sup> PLACE UNIT #39

CAPE CORAL, FL 33909

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:

PAGAN DAVID

New Registered Office Address:

8651 NW 24<sup>th</sup> COURT

Enter Florida street address

SUNRISE

City

Florida

33322

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

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	PAGAN DAVID	8651 NW 24 <sup>th</sup> COURT	<input type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KRISZTIAN TAMAS	1649 MOFFETT ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/08/2015 (optional)  
(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)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 09/10, 2015.

[Signature]  
Signature of a member or authorized representative of a member

TAMAS KRISTIAN  
Typed or printed name of signee