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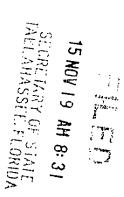
(R	equestor's Name)	
A)	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co	rporations .		
Restoration SUBJECT:	n 1 of Orlando, L.L.C		
SOMBET.	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gary S. Mead Jr		
	 	Name of Person	
	Restoration 1 of Orlando,	L.L.C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	519 Providence Blvd		
. •		Address	
	Deltona, FL 32725		
		City/State and Zip Code	
	gary_mead1971@yahoo.co		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Gary S. Mead Jr		321 225-1800 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$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 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

Restoration 1 of Orlando, L.L.C							
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited 1	Liability Company	were filed on	and assigned				
Florida document number							
This amendment is submitted to amend the fol	llowing:						
A. If amending name, enter the new name	of the limited liab	oility company here:					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		8018 Sunport Dr					
		Suite 205					
		Orlando, FL 32809					
		519 Providence Blvd					
Mailing address MAY BE A POST OFFICE	EBOX)	Deltoana, FL 32725					
3. If amending the registered agent and egistered agent and/or the new registered of	l/or registered of office address her	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the				
Name of New Registered Agent:			S =				
New Registered Office Address:	8018 Sunport D		9 A				
		Enter Florida street address	6				
	Orlando	, Florida	32809 W				
		City	>> 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		 	
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fective date, if other than than effective date is listed, the date m	e date of filit jet be specific at	ng:	to date of filing	or more than 00	(option	9N	munt to	.
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ocument's effective date on the	Department of	State's records	•					
record specifies a delaye The 90th day after the re	ed effective cord is filed	date, but no	ot an effecti	ve time, at	12:01 a.r	n. on	the ea	arlier o
November 13		2015						
		. 7	•					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00