4000341

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FEB 01 2016 S. YOUNG

COVER LETTER

10: Registration S Division of Co				
All Custo	ms Restoration Group LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Donald Spigelmyer			
		Name of Person		
	All Customs Restoration (Group LLC		
		Firm/Company	<u> </u>	官領す
	9724 MacArthur Court No	orth		題量型
		Address	·	129 PH
	Jacksonville, FL 32246			203 22 12
	Spiggss@bellsouth.net	City/State and Zip Code		PH 4: 36 CINCLINA
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Donald Spigelmyer		386 288-6375		
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te 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

All Customs Restoration Group LLC		
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number		2016 and assigned
This amendment is submitted to amend the follo	wing:	
If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>	
		。
B. If amending the registered agent and/oregistered agent and/or the new registered off		- 10
registered agent and/or the new registered our	ice address here.	(A)
Name of New Registered Agent:	DONALD SPILLELMY	er 32 d
New Registered Office Address:	9724 MACARTHUR C Enter Florida street ac	SURT HONTH
	JACKSON VICLES	

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>	Address	Type of Action
OWNER	DOWALD SPIGELMYEX	9910 NW 3744 CT	Add
		BRANFORD, FC 3200 B	☐ Remove
			☐ Change
			🗖 Add
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tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant to 605 e applicable statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's r	records.
ecord specifies a delayed effective date, to established the specifies and effective date, to effective date, effective date, effective date, effective date, effective date, effective date, effetive date	but not an effective time, at 12:01 a.m. on the earlie
1/26/2011	
,	·
model Suit	
1/26/2016 Signature of admember	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00