

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1600004452

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RESTORATION CONSTRUCTION TEAM OF COLORADO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2016 MAY -2 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESTORATION CONSTRUCTION TEAM OF COLORADO 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:

BILL MOORE

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL MOORE

Name of Person

at (813) 932-5244

Area Code

Daytime 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)

☐ \$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 CONSTRUCTION TEAM OF COLORADO LLC

(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 Liability Company were filed on 1/17/2014 and assigned Florida document number 16000064452.

This amendment is submitted to amend the following:

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

RESTORATION CONSTRUCTION TEAM II, LLC

The new name must be distinguishable and end with 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)

7900 E UNION AVE; SUITE 110
DENVER, CO 82037

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

312 E HARRISON ST
TAMPA, FL 33602

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:

DIANA BARRAGAN

New Registered Office Address:

312 E HARRISON ST

Enter Florida street address

TAMPA

City

Florida 33602

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 603, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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16 MAY -2 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>HARTNEY, JAMES</u>	<u>7900 E UNION AVE, SUITE 110</u> <u>DENVER, CO 82037</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>NARDELLI, LARRY</u>	<u>312 E HARRISON ST</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>RCT CONSTRUCTION GROUP, LLC</u>	<u>312 E HARRISON ST</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>SPRING MOUNTAIN, LLC</u>	<u>3240 IRIS AVE, APT 308</u> <u>BOLDER, CO 80301</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>PAYNE, DORMAN</u>	<u>312 E HARRISON ST</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CFO</u>	<u>BARRAGAN, DIANA</u>	<u>312 E HARRISON ST</u> <u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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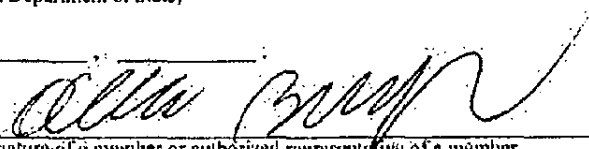
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/26/18



Signature of a member or authorized representative of a member

Diana Barrasa

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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