L160000 95012

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

Division of Co			
Kuul Resto	oration LLC		
30 00 000	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rondy Martin		
		Name of Person	
	Kuul Restoration LLC		
		Firm/Company	
	19944 Eldorado Dr.		
		Address	
	Eustis FL 32736		
		City/State and Zip Code	
	damageconsultantsllc@gma		
For further information of	E-mail address: (to be used for future annual report notificall:	cation)
Rondy Martin		352 800-1203 at ()	
Name o	of Person	Area Code Daytime	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



July 15, 2016

RONDY MARTIN 19944 ELDORADO DR EUSTIS, FL 32736

SUBJECT: KUUL RESTORATION, LLC

Ref. Number: L16000095012

We have received your document for KUUL RESTORATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00014853

Fm:Rondy Martin (Kuul Restoration) To::Yasmine (FDS) 16:51 08/08/16 ET Pg 3-5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuul Restoration LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our r ited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L16000095012}{L16000095012}$	pany were filed on 05/13/2016	and assigned	I
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Complete Restoration of CENTRIC FLORIDA			
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>		
Enter new mailing address, if applicable:	V		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		<u> </u>	
		<u> </u>	
B. If amending the registered agent and/or registere	d office address on our rec	cords, enter the name of th	e pev
registered agent and/or the new registered office address	here:	ř: –	[-15-
			•
Name of New Registered Agent:		္လိုင္း မွာ	١.,
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street a	address	
		. Florida	
	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

Fm:Rondy Martin (Kuul Restoration) To:Yasmine (FDS) 16:52 08/08/16 ET Pg 4-5

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

Title	<u>Name</u>	Address	Type of Action
			「I Add
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(If an effe Note:	optional) we dute, if other than the date of filing: \(\int \lambda \text{inc.} \text{if } \text{if } \text{if } \text{off} \) (optional) we do not be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	Pursuant will not	පා to 605.0	.02: :d a
			_	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	oill inc	eärlier	IT (
Dated	7/11/16 , 20/4.			

Page 5 of 5

Filing Fee: \$25.00