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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp			
CHOICE		estoration of Central Florida L	LC	
SUBJEC		Name of Lim	ited Liability Company	
The encle	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Rondy Martin		
			Name of Person	
		Complete Restoration of C	entral Florida LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		19944 Eldorado Dr		
			Address	
		Eustis FL 32736		
			City/State and Zip Code	
		rmartin.completerestoration	- -	
		E-mail address: (to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
Rondy M	artin		352 800-1203 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

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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
AMBR	Paul Leblanc	200 2nd Ave S., Suite 243	■ Add
		St. Petersburg. FL 33701	□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00