

L16000098225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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SECRETARY OF
TALLAHASSEE, FLORIDA
16 NOV -9 PM 2:39

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Restoration Depot, 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:

Wilma Johnnigan

Name of Person

Restoration Depot, LLC

Firm/Company

7400 E. Broadway Ave

Address

Tampa, FL 33619

City/State and Zip Code

wilma@johnniganinc.com

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

For further information concerning this matter, please call:

Wilma Johnnigan

813

677-1182

at (_____) _____

Name of Person

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

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Restoration Depot, LLC

The Articles of Organization for this Limited Liability Company were filed on 5/16/2016 and assigned Florida document number L16000098225.

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

Enter new principal offices address, if applicable:

7400 E. Broadway Ave

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33619

Enter new mailing address, if applicable:

7400 E. Broadway Ave, Tampa, FL 33619

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	James Johnnigan	7400 E. Broadway Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jake Blanchard	1501 Belcher Road South Unit 2B	<input type="checkbox"/> Add
		Largo, FL 33771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

[illegible]

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


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 4, 2016


Signature of a member

Signature of a member or authorized representative of a member

~~Take Blanchard~~

Typed or printed name of signee