L16 0000 98225

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





900356475609

12/21/20--01014--014 **25.00

020 DEC 21 PH 4: 12

1/28/21

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: Restoration D. | 200+ LLC ted Liability Company | | |
| | | | |
| The enclosed Articles of Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspondence concerning this matter (| o the following: | | |
| | | | |
| Joseph | Johnigean Name of Person | | |
| Restorat | Ton Depot LLC Firm/Company | | |
| 7400 E | . Broadway Are | | |
| Tampa | FI 33619 City/State and Zip Code | | |
| | ean Compeaning (OM) be used for future annual report notification) | | |
| For further information concerning this matter, please ca | II: | | |
| Joseph Johnigean Name of Person | at (904) 718 - 5544 Area Code Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | | |
| ■ S25.00 Filing Fee □ S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 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 | Street Address: Registration Section | | |
| Division of Corporations | Division of Corporations | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| | Dapot LLC |
|---|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Con | npany were filed on 5/16/2016 and assigned |
| Florida document number <u>L1600098225</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | SS) |
| | |
| | 2020 DEC |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 12 |
| | |
| | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, enter the name of the new register |
| 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 A | <u>vgent:</u> |

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 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 | Joseph A Johnigea | n 7400 E. Broodway | Averadd |
| | \ | 1 Tampa, FI 33619 | □Remove |
| | | | □ Change |
| | | | DAdd |
| | | | □ Remove |
| | | | □Change |
| | | | 2020 Add DEC 2 Remove |
| | | · | Remove |
| | | | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| | | | ⊼ □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Chango |

| | ending any other information, enter chan | ge(s) here: (Attach add | tional sheets, if necessary | r.) |
|-------------------------|---|---|------------------------------|----------------------|
| - | | <u> </u> | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| _ | - | | | |
| _ | | | | |
| _ | | | | |
| | | | | · |
| _ | | | | |
| - | | | | |
| _ | | | | 202 |
| _ | | | · | 7020 DEC |
| _ | | | | |
| - | | | | |
| - | | | | <u> </u> |
| _ | | | | <u> </u> |
| (If an effe | ive date, if other than the date of filing:ective date is listed, the date must be specific and can If the date inserted in this block does not meet lent's effective date on the Department of State | the applicable statutory fi | | |
| he record ord is fil | d specifies a delayed effective date, but not an eled. | effective time, at 12:01 a.n | i. on the earlier of: (b) Th | e 90th day after the |
| Dated . | | <u>2020</u> . | | |
| | Signature of a memi | ber or authorized representat | ve of a member | - |
| | Jomes R J | ohnaeon oed or printedname of signee | | |