116000102038

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2017 APR - 7 AM 10: 21 SECRETARY OF STATE

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COVER LETTER

TO:	Registration So Division of Co			
SUBJI	Applied Re			
зову,	ECT:		ited Liability Company	VI 114.01 - 104.01 - 104.01
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		John Poweli		
			Name of Person	
			Firm/Company	
		P.O. Box 47614		
			Address	
		Jacksonville, Florida 3224	7	
		hello@domesticrestoration.	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
John F	Powell		562 537.3846 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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

2017APR-7 AMIO: 20
TALLAHASSEE FLORIDA

Applied Retail 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 May 25th 2016	and assigned
Florida document number L16000102038		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Domestic Restoration LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1661 Holly Oaks Lake Rd. E.	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32225	
Enter new mailing address, if applicable:	P.O. Box 47614	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32247	
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		name of the new
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
·	, Florida	p Code
	•	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if the	iar with and is document is

If amending	ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added oved from our records:		<u>ed</u>
MGR = M		Address Add	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATES TALLAHASSEE STATES	
		Add	
		П Remove	
		Change	
	 		
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	2017 _{APR} -	
	tion, enter change(s) here: (Attach additional sheets, if necessary.) 2017 APR TALLAHASSE	' ** 10:
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fective date, if other than the	date of filing: (optional) t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.0207 (
ote: If the date inserted in this b	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
cument's effective date off the f	spartment of State's records.	
record specifies a delaye	Feffective date, but not an effective time, at 12:01 a.m. on the ϵ	earlier of:
The 90th day after the rec		
March 14th	2017	
ited		
	in land	
4	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00