

L16000121062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S Warren

AUG 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESTORATION CONTRACTING AND CONSULTANTS, 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:

DEREK B SPILMAN

Name of Person

DBSPA

Firm/Company

4215 MILLER DRIVE

Address

ST PETE BEACH FL 33706

City/State and Zip Code

DBSPALAW@GMAIL.COM

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

For further information concerning this matter, please call:

DEREK B SPILMAN

727 742-9770
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

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

RESTORATION CONTRACTING AND CONSULTANTS, 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 06/23/2016 and assigned
Florida document number L16000121062.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12075 34TH ST N

ST. PETERSBURG FL 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12075 34TH ST N

ST. PETERSBURG FL 33716

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:

Richard P Tutwiler

New Registered Office Address:

12075 34TH ST N,

Enter Florida street address

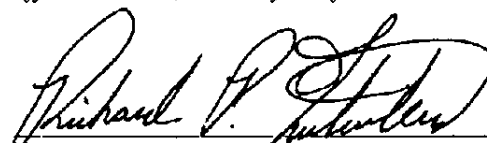
ST. PETERSBURG

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 | Kevin Letsure | 12075 34TH ST N | <input checked="" type="checkbox"/> Add |
| | | ST PETERSBURG, FL | <input type="checkbox"/> Remove |
| | | 33716, US | <input type="checkbox"/> Change |
| MGR | Richard P Tutwiler | 12075 34TH ST N | <input type="checkbox"/> Add |
| | | ST PETERSBURG, FL | <input type="checkbox"/> Remove |
| | | 33716, US | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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(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.

Dated AUGUST 14, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TAMPA FLORIDA