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COVER LETTER

TO:		ation Sec n of Corp	ction porations			
SUBJEC		nrise Dis	saster Restoration, LLC			
301371.	<u> </u>	_	Name of Lin	ited Liability Company		
The encl	osed Art	ticles of a	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all c	correspoi	ndence concerning this matter	to the following:		
			Michael Greenstein			
				Name of Person		
			J	Firm/Company		
			14121 NW 8TH STREE	Т		
				Address		
			SUNRISE, FL 33325			
				City/State and Zip Code		5 • •
			mgreenstein@puroclean E-mail address: (.com to be used for future annual report notif	ication)	POSTFI
For furth	er inforn	nation co	oncerning this matter, please c		·	
Michael	l Greens	stein		954 233-1100 at ()		
		Name of	Person	Area Code Daytime	: Telephone Number	
Enclosec	l is a che	ck for the	e following amount:			
\$25.4	00 Filing	. Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
			NG ADDRESS:	STREET/COURII		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Company as it now appears on our records.) mited Liability Company)	
npany were filed on 08/03/2016	and assigned
d liability company here:	
d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
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Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
Live	ida
City . F1011	Zıp Code
	d liability company here: I Liability Company," the designation "LLC" of SS) Ted office address on our records, is here: Enter Florida street address Florida street address

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>	Name	Address	Type of Action
AR 	Michael Brodarick	6001 HIATUS ROAD, SUITE 13	🗅 Add
		TAMARAC, FL 33321	🖥 Remove
			Change
AR	Robert Vollono	6001 HIATUS ROAD, SUITE 13	
		TAMARAC, FL 33321	■ Remove
			□ Change
MGR	PUROSYSTEMS, LLC	6001 HIATUS ROAD	□ Adđ
		TAMARAC, FL 33321	■ Remove
			□ Change
MGR	Remi Doiron	301 Amirault St.	≅ Add
		Dieppe, NB E1A1G1 Canada	□ Remove
			Change
MGR	Michelle Doiron	301 Amirault St.	∃ Add
		Dieppe, NB EIAIGI Cana	دلر Remove
			Change
MGR	Jonathan Frenette	301 Amirault St.	🖪 Add
		Dieppe, NB ElAIGI	□ Remove
		Canada	Change

Add MG		
	301 Amirault St.	
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		9. All (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ote: If the date inserted in	may 1, 2018 The date of filing: The must be specific and cannot be prior to date of filing or more than 90 of this block does not meet the applicable statutory filing requirement the Department of State's records.	(optional) days after filing.) Pursuant to 605,020 ents, this date will not be listed a
record specifies a de The 90th day after th	layed effective date, but not an effective time, at 1 e record is filed.	.2:01 a.m. on the earlier o
June 7	2018	
4.4	10 1	
Mich	Signature of a member or authorized representative of a membe	t.

Page 3 of 3

Filing Fee: \$25.00