## 617000012729

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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	24/7 RESTORATION LLC	
	Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	78. S. C.	
	Norbert FAZERAS  Name of Person	-
	Name of Person	
	GLN TOUCHUG INC  Firm/Company  1500 NE 135 ST UNIT 702 5 5	
	Firm/Company 2	-
	2300 117	
	Address	
	MORTH MIAMI FL 33181	
	NORBERT FAZEKAS @ GMAIL. WM	
-	E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
MORBERT 7	AZEKAS at (786) 282-4834	
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24/7 RESTOR	ATION 1	LLC				
(Name of the Limited Liabil (A Florid	ity Company as it r la Limited Liability (	now appears on ( Company)	our records.)			
The Articles of Organization for this Limited Liability of Florida document number \( \bigcup_{17} \) \( \text{DOOD} \) \( \text{17} \)	Company were fi	led on <b>'0</b> ]	117/201	a	nd assig	med
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability cor	mpany here:				
The new name must be distinguishable and contain the words "Lir	nited Liability Comp	pany," the designa	ation "LLC" or t	he abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable:			•	<u> </u>	<b>6</b> 20	<del></del>
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	_		NA TO SEE	0.C 19	· ·
Enter new mailing address, if applicable:			<del></del>		PH   2	
(Mailing address MAY BE A POST OFFICE BOX)				T.	<u>:</u> ယ	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		on our recor	ds, <u>enter the</u>	name of ti	ne new	registered
Name of New Registered Agent:				- <del></del>		
New Registered Office Address:		Enter Florida st	reei address			
			, Florida		_	
	Ciŋ	v		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 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
MGR	GLOBAL TREND LLC	8392 TRENT COURT STE#	BAAdd
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ctive date, if other that effective date is listed, the de	n the date of	filing:	1 1		0 T P	(op	tional)	Portuga	t to 605
If the date inserted in ment's effective date on	this block does	not meet th	e applicab	le statutory	filing requ	uirements, t	his date	will not	be liste
ord specifies a delayed e filed.	ffective date, bu	it not an eff	ective time	e, at 12:01 a	.m. on the	e earlier of:	(b) The	: 90th d	ay after
12/15		Ą	oll						
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	<b>I</b> / /			/					
	Signature	of a membe	r or authoriz	ed represent	ntive of a n	nember			<del></del>

Filing Fee: \$25 00