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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT:	RAR RESTORA Name of Limit	ATION AND REMODE.  ted Liability Company	r,llc	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please return all corresponder	ace concerning this matter to	o the following:		
-	<u>Ke</u>	UNETH D. MARSH Name of Person	· · · · · · · · · · · · · · · · · · ·	
-	R+R	RESTORATION AND KE Firm/Company	emoder, Llc	
-	17545	5 SUNSET TERRACE Address	-	SEU!
-	Lant	TER GARDEN F. 34 City/State and Zip Code	1787	AETABY AHASSE FEB -2
	ī	Frik Damai I. Com  be used for filtere annual report notifica		OF STATE E.FLORIUS PM 3: 33
For further information concer			,	出資品
KENNETH D. Name of Pers		at (407) 575-4 Area Code Daytime T	elephone Number	
Enclosed is a check for the fol	lowing 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 Sta Certified Copy (additional copy is ea	atus &

### **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 ARTICLES OF ORGANIZATION **OF**

K+R KESTORATION (Name of the Limited Liability Co. (A Florida Lim	Ompany as it now appears on our records.)  ited Liability Company)
The Articles of Organization for this Limited Liability Comparida document number \(\frac{\int 170000}{\int 17197}\).	pany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	Die
Principal office address MUST BE A STREET ADDRES.	<u> </u>
	2 05T
	P CAC
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	. City Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	KENNETH D. MARSH	175-15 SUNSET TENEACE	DAdd
		WINTER PARDEN FL. 3478	7_□ Remove
		<del>u.</del>	Change
Ambe	TIFFANY A. DRLIK	19545 SUNSET TERRACE	Add
		WINTER JARDEN FL. 3478	7 Remove
			Change
			Add AHA
			PRemove STATE
			Sample Add
			□ Remove
			Change
			Add
			Remove
			Change
<del></del>	<del></del>		🗅 Add
			Remove
			Change .

If amending any other information, enter change(s) here: (Attach additional s	sheets, if necessary.)
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	FEB
	**************************************
	<u> </u>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated JANUARY 31, 2017. Duryse March	
Signature of a member or authorized representative of a m	nember
KONNETH D. MARSH Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00