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## **COVER LETTER**

Division of Co			•	
Vermear	Restoration LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Keith Johnson			
		Name of Person		
	Vermear Restoration			
Firm/Company				
621 Fayette Dr. S.				
		Address	<del></del>	
	Safety Harbor, Fl. 34695			
	Keith.johnsonpmp@gmail	City/State and Zip Code .com		
	E-mail address; (	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
Keith Johnson		901 356-6729		
Name of Person		at () 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

Vermear Restoration, LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lic	y as <mark>it now appears on our rec</mark> eability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number	ability Company w	vere filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabili	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		621 Fayette Dr. S	
(Principal office address MUST BE A STREE	T ADDRESS)	Safety Harbor Fl	
		34695	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		2019 HOV
B. If amending the registered agent and/oregistered agent and/or the new registered of			rds, enter the name of the
Name of New Registered Agent:	David Young		D 25 A \$ 25 FLundon
New Registered Office Address:	3062 Gulf Winds	s Circle	
		Enter Florida street add	ress
	Hernando Beach		Florida 34607

#### 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.

City

If Changing Registered Agent, Signature of New Begistered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

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ee a	10/30/2019
`an effe <del>{ote;</del>	ctive 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 605,020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
e reco The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	10/34/2019

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Typed or printed name of signee

Filing Fee: \$25.00