

LN 0000 40094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

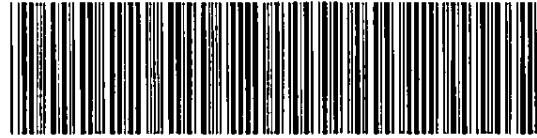
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400305738814

11/17/17--01023--005 **25.00

2017 NOV 17 PM 1:02
J. HARRIS

NOV 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIP RESTORATION, 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:

Alan L. Raines

Name of Person

Wasch Raines LLP

Firm/Company

2500 N. Military Trail, Suite 465

Address

Boca Raton, FL 33431

City/State and Zip Code

araines@waschraines.com

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

For further information concerning this matter, please call:

Alan L. Raines

at (561)

693-1975

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Pip Restoration, 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 02/20/2017 and assigned Florida document number L17000040094.

This amendment is submitted to amend the following:

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

Atlantic Restoration Group, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7000 W. Palmetto Park Rd., Suite 210

Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7000 W. Palmetto Park Rd., Suite 210

Boca Raton, FL 33433

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:

Alan L. Raines

New Registered Office Address:

2500 N. Military Trail, Suite 465

Enter Florida street address

Boca Raton

City

Florida 33431

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	Gregory Guzzo	7000 W. Palmetto Park Rd., Suite 210 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 NOV 1 PM 02

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: November 2, 2017 (optional)

(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.

(b) The 90th day after the record is filed.

Dated November 2, 2017

Greg Guzzo

Signature of a member or authorized representative of a member

Gregory Guzzo, Manager

Typed or printed name of signee