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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
		all Restoration ited Liability Company	LLC
	Name of Limi	ited Liability Company	
i			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Steven	Skovanek	
		Name of Person	<del></del>
		Firm/Company	<del></del>
	4064 P	Palan Dr.	
		Address	
	Sarasota	FL 34241 City/State and Zip Code ovrane K Contlook	
	atomonel.	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report r	iotification)
For further information con	cerning this matter, please ca	all:	
Steven Ske	oucane.k	at (941) 822	5165
Name of P	erson	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
Registrati	G ADDRESS:	STREET/COU Registration Sec Division of Cor	
P.O. Box	of Corporations 6327 ec. FL 32314	Clifton Building 2661 Executive	
1 attanass	00.145.02017	2001 LACCUUYC	Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO

10	<i>7</i> ≈
ARTICLES OF ORGANIZAT	ΓΙΟΝ F// E
OF	2017.
Southwest Vrywall Restoration	TION  2017 AUG = 7 PM 2: 48  Ex on our records.)  03/15/17  and assigned.
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on	03/15/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he Sarasota Drywall Restoration LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	<del></del>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	rida 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.

City

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		
Title	<u>Name</u>	Address	Type of Action
MGR	Heven Skowanek	4064 Palan Dr	
		4064 Palan Dr Sarasota, FL 34241	Remove
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			Remove
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		ALL MAN	70 Add
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Ϋ́	rtive date if other than the date of filing: (ontional)
an (	ctive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
	ment series to date on the Department of State States
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier in the 90th day after the record is filed.
	duguet 4 2017
	d wyw !
ate	
ate	St. Slowed
ate	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00