11700192610

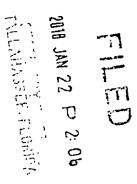
(Re	questor's Name)	-
(Ad	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone	- #)
(CII	yrotaterzipir-none	- π)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300307907753

01/22/18--01020--006 **25.00



D. SCOTT JAN 2 3 2018

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PROPERT	Y CARE RESTORATION	I, LLC	
		ted Liability Company	
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:	
		Ulysses Felder	<u> </u>
		Name of Person	
	Law Office	ces of Felder & Associates,	P.A
		Firm/Company	
	5555 Hollywood Blvd. Ste. 303		
		Address	
		Hollywood, FL 33021	
		City/State and Zip Code	
		sses@ufelderlaw.com	
		to be used for future annual report r	iouncation)
For further information coi	ncerning this matter, please co	ill;	-1 . 2
Ulysses		at (<u>305</u>)	864-0135
Name of I	Person	Area Code Day	864-0135 time Telephone Number 22
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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROF	PERTY CARE I	RESTORATIO	N, LLC	
(Name of the Limited	<u>l Liability Compa</u> A Florida Limited I	ny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Lial Florida document numberL17000192610	bility Company	were filed on _	September 15, 2017	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	ility company h	i <u>ere</u> ;	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		20 NW 65TH AVE #2 ANTATION, FL 33313	
Enter new mailing address, if applicable:		555	5 Hollywood Blvd. Ste	e. 303
(Mailing address MAY BE A POST OFFICE B	<u>0.X)</u>	Hol	ywood, FL 33021	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	<u>ce address here</u>	fice address o	n our records, <u>entêr.</u>	the name of the nev
New Registered Office Address:	5555	Haller	usun Blvd rida street address	Eng. 303
	Halla	mosty.	, Florida	33051 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>	Address	Type of Action
MGR	SAMANTA FELDER	5555 Hollywood Blvd. Ste. 303 Hollywood, FL, 33021	Add
		-	⊠ Remove
			☐ Change
MGR	LEO REYES	1520 NW 65TH AVE #2 PLANTATION, FL 33313	⊠′ Add
			□ Remove
		7200 NORTHWEST 19TH STREET	☐ Change
<u>R.A.</u>	JESSE T. SINGER	SUITE 307 _MIAMI, FL 33126	
			⊠ Remove
			Change
_R.A.	Ulysses Felder	5555 Hollywood Blvd. Ste. 303 Hollywood, FL, 33021	©∕ Add
			Offernove T
			7/ D 68anon 1
			DAG U
			2. 2. 2. C. Remove
			Change
		-	Add
			Remove
			D Changa

	· · · · · · · · · · · · · · · · · · ·				
	· · ·				
	-		-		
_			-		 _
					 -
_					
		<u>_</u>			
				-	
	<u>-</u>				
					
	<u> </u>				
			_		
					
				<u> </u>	
			<u> </u>		
ctive da	te, if other than the date of	filing:		(ontional)	
effective d	te, if other than the date of late is listed, the date must be speci date inserted in this block does	fic and cannot be prior t	o date of filing or more	than 90 days after filing.)	Pursuant to 605.0
ment s e	rrective date on the Departmer	it of State's records.		ره د مر د د مو	= _
					سي سي
ecord s	specifies a delayed effect day after the record is f	ive date, but not	an effective tim	e, at 12:01 atm. o	n the earlie
, , ((1)	out area the record is i	ned.			2
d	January 17	2018			T T
· -			 ·	5	. 2:0
		750		 デ	06
	Signature	of a member or author	rized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00