L17000200552

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COVER LETTER

Div	ision of Corp	orations	•					
SUBJECT:	Moore Roofing/Cera Restoration, LLC							
Name of Limited Liability Company								
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.					
Please return	all correspon	dence concerning this matter t	o the following:					
		Chris Lenahan						
			Name of Person					
		Cera Restoration						
Firm/Company								
1423 Wright Boulevard								
			Address					
		Schaumburg, IL 60193						
			City/State and Zip Code	,				
		karag@ceraconstruction.con						
		E-mail address: (to	be used for future annual report not	ification)				
For further in	nformation co	ncerning this matter, please ca	II:					
Chris Lenah	an		630 277-0160					
	Name of 1	Person	Area Code Daytin	ne Telephone Number				
Enclosed is a	check for the	following amount:						
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Moore Roofing/Cera Restoration, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/25/17	and assigned
Florida document number L17000500552		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "ELC"	or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		. 3 m
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		्र ध ा
B. If amending the registered agent and/or registored agent and/or the new registered office address.		, enter the name of the n
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Lenahan	817 Morse Avenue Schaumburg, I	Add
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			Change
			Remove
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<u>e:</u> If the date	if other than is listed, the date inserted in thi ctive date on th	s block does r	ot meet the	applicable s	e of filing or n tatutory filin	ore than 90 da g requiremen	(optional) ys after filing. its. this date) Pursuant t will not be	o 605.02 2 listed :
record spe he 90th da	cifies a dela y after the i	yed effectiv ecord is fil	ve date, b ed.	ut not an	effective I	ime, at 12	:01 a.m.	on the e	arlier
ed	(1)	\bigcap	Z						

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Typed or printed name of signee

Filing Fee: \$25.00