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SECRETARY OF SEAR DIVISION OF CORPORATIONS

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	JRG Restor	ation LLC		
Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joseph R Ridgeway		
		<u></u>	Name of Person	
		JRG Restoration LLC		
		-	Firm/Company	
		700 SW 78th Ave Apt 901		
			Address	
		Plantation, FL 33324		
			City/State and Zip Code	
		service@jrgrestoration.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Joseph Ridg	geway		954 743-0990 at ()	
	Name o	f Person	at () Area Codc Daytime	Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00 I	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:

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

JRG Restoration LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco	<u>rds.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 04/27/2018	and assigned
Florida document number L18000106530		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		HAY SION
Enter new mailing address, if applicable:		7 23 925
Mailing address MAY BE A POST OFFICE BOX)		7 COS
		POR
B. If amending the registered agent and/or registere	ed office address on our recor	ds, enter the name of the r
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street addr	CSS
	, ,	Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
$\mathbf{AMBR} =$	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeanette Salgado	5403 33rd Ave E	Add
		Palmetto, FL 34221	□ Remove
			☐ Change
			Add
			Remove
			Change
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If the date inserted in this ent's effective date on the			tatutory filing rec	uirements, this da	ite will not be I
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Filing Fee: \$25.00