L18000231788

(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:	





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COVER LETTER

	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	LINDSEY W	Name of Person		
	J KWIATRIK D	ESTOUTIONS AND G	originates W	٥
	31406 STIERUS	P UANC Address		
	WESLEY CHAPE	City/State and Zip Code		
		Layahoo .com to be used for future annual report noti	fication)	<u>.</u>
or further information c	oncerning this matter, please ca	all:		(D) 工作 (D)
Name o	UIATEIL. f Person		- LYLY e Telephone Number	25 PH 2: LI
inclosed is a check for th	ne following amount:			<u> </u>
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &

MAILING ADDRESS:

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TO:

Registration Section Division of Corporations

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

O YWIATCK RESTORATIONS AND ORIGINALS 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 OCTOSFUL	1,2010 and assi	gned
Florida document number <u>L18000231788</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.I	<u>C.</u> "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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		7.9 ř	
B. If amending the registered agent and/or registered of	ffice address on our recor		of the new
registered agent and/or the new registered office address her	<u>e</u> :	25	155
		P.H.	경위문
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addi	rass	1985 1987
			îñ.
	, l	Florida 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	UNDSCY KWIATEK		
		3140LI STIRRUPLANE WISLEY CHAPEL, FL 33543	Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			🗆 Change
			Remove
			Change
			Remove
			🗆 Change

D. If mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
UNDSEM KWIATTEK Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00