

LIB000 237310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

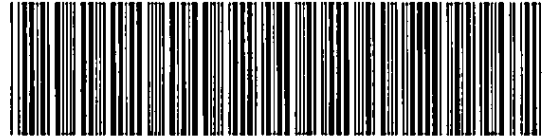
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 23 PM 2:45

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AUG 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTOR LABS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARI B CAPUTO
Name of Person
RESTOR, LLC
Firm Company
10531 NW 4TH STREET
Address
PLANTATION, FL 33324
City/State and Zip Code
SHARI@RESTORLABS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARI B CAPUTO 954 279-5388
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RESTOR LABS, LLC.

2020 JUN 23 PM 2:45

(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 10/08/2018 and assigned
Florida document number L18000237310.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RESTOR, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10531 NW 4TH STREET

PLANTATION, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10531 NW 4TH STREET

PLANTATION, FL 33324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SHARI B CAPUTO

New Registered Office Address:

10531 NW 4TH STREET

Enter Florida street address

PLANTATION

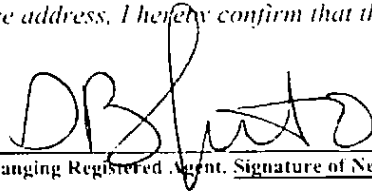
City

Florida 33324

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 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>	<u>Address</u>	<u>Type of Action</u>
P	MICHAEL LIFSHOTZ	6390 SW 42ND TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	RANDY LIFSHOTZ	511 SE 5TH AVENUE #621	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

Dated MARCH 11TH 2020

2020

DR Bluto

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SHARI B CAPUTO

Typed or printed name of signee

Filing Fee: \$25.00