# 118000 247151

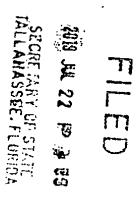
| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
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| (Ad                     | dress)             |             |
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| (Ad                     | dress)             |             |
|                         |                    |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
|                         |                    |             |
| (Bu                     | siness Entity Nar  | ne)         |
|                         | and Niverine       |             |
| (1)0                    | ocument Number)    |             |
| Certified Capies        | Certificates       | s of Status |
|                         | _                  |             |
| Special Instructions to | Filing Officer     |             |
| Special instructions to | Filling Officer,   |             |
|                         |                    |             |
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Office Use Only



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### **COVER LETTER**

| 10:     | Division of Corp      |                                              | •                                                                         | •                                                                                                 |
|---------|-----------------------|----------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| SUBJE   | :cт: <u>Resta</u>     | Name of Limi                                 | lence LLC ited Liability Company                                          |                                                                                                   |
| The end | closed Articles of A  | Amendment and fee(s) are sub-                | mitted for filing.                                                        |                                                                                                   |
| Please  | return all correspor  | ndence concerning this matter                | to the following:                                                         |                                                                                                   |
|         |                       | Edwin A                                      | Vac ya S<br>Name of Person                                                |                                                                                                   |
|         |                       | Restoration                                  | Excellence LLC<br>Firm/Company                                            | ·<br>                                                                                             |
|         |                       | 9125 saint 1                                 | Address                                                                   | <del></del>                                                                                       |
|         |                       | port richey                                  | f / 34668<br>City/State and Zip Code                                      |                                                                                                   |
|         |                       | E-mail address: (t                           | o be used for future annual report notif                                  | Y) ication)                                                                                       |
| For fur | ther information co   | oncerning this matter, please ca             |                                                                           |                                                                                                   |
| Ed      | Win Var<br>Name of    | Person                                       | at ( <u>727</u> ) <u>645</u> - Daytime                                    | 9091<br>Telephone Number                                                                          |
| Enclose | ed is a check for the | e following amount:                          |                                                                           |                                                                                                   |
| □ \$25  | 5.00 Filing Fee       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

#### WILLERS OF WHITEMPHIEM

## TO ARTICLES OF ORGANIZATION OF

Restoration Excellence

FILED

| (A Florida Limit                                                                                                  | ed Liability Company)        | FIX 72 P & PS                              |
|-------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|
| The Articles of Organization for this Limited Liability Comparing document number <u>L 18000247151</u> .          | iny were filed on 1/35       | CHE TARY SE STATE and assigned             |
| This amendment is submitted to amend the following:                                                               | ·                            |                                            |
| A. If amending name, enter the new name of the limited li                                                         | iability company here        | :                                          |
| The new name must be distinguishable and contain the words "Limited Li                                            | ability Company," the design | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                               | <del></del>                  |                                            |
| (Principal office address MUST BE A STREET ADDRESS)                                                               |                              |                                            |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                             |                              |                                            |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |                              | ir records, enter the name of the          |
| Name of New Registered Agent:                                                                                     |                              |                                            |
| New Registered Office Address:                                                                                    |                              |                                            |
|                                                                                                                   | Enter Florida                | street address                             |
|                                                                                                                   |                              | , Florida                                  |
|                                                                                                                   | Ciņ                          | Zip Code                                   |
| New Registered Agent's Signature, if changing Registered Age                                                      | nt:                          |                                            |

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 affecting Administrative Crossings, authorized to manage, effect the trie, name, and address of each person being at or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** 6916 Bramblewood dr DAdd

port richey, f1 34668 Rem Larry K Stewart AMBR Remove \_□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

\_□ Change

| I (Edwin Vargus) on the Registered Agent for                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| my company "Restoration Excellence LLC" and I                                                                                                             |
| an removing "Larry K Sternart" off of the                                                                                                                 |
| business name I accidentally added him as an                                                                                                              |
| Authorized member. If any information is needed                                                                                                           |
| from me please feel free to contact me.                                                                                                                   |
| Everything 15 to remain the same,                                                                                                                         |
| the principle address                                                                                                                                     |
| the mailing address                                                                                                                                       |
| the registered agent (Edwin A Vargas)                                                                                                                     |
| The registre co experiment or organization                                                                                                                |
|                                                                                                                                                           |
|                                                                                                                                                           |
|                                                                                                                                                           |
|                                                                                                                                                           |
|                                                                                                                                                           |
|                                                                                                                                                           |
| 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                                                                                                                                                     |
| Edwin Varyas Typed or printed name of signee                                                                                                              |

Page 3 of 3

Filing Fee: \$25.00