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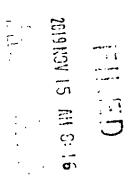
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Y SULKER
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MOM Restoration LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kala Hennessey
Mam Restaration Firm/Company
1600 Dover Rd #113-B
Delray Beach Fl 33445 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kala Hennesse at (561) 440-3000  Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCM Restore (Name of the Limited L. (A F	1 + 10Y) iability Company lorida Limited Lis	r as it now appears on our rebility Company)	ecords.)	<del></del>	
The Articles of Organization for this Limited Liabil Florida document number <u>U90012176</u>	ity Company w	ere filed on 5/6/1	9	and assigned	
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ty company here:			
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the designation	"LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable	::	4333 SW	46th Dir	<u> </u>	
(Principal office address MUST BE A STREET A.	DDRESS)	Mainesuille	L, FL 3	2608	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	L333 SW	46th C Lo, F1 35	)r 208 <u>2</u>	
B. If amending the registered agent and/or in registered agent and/or the new registered office			ords, enter the	name of the in	<u>ēv</u>
Name of New Registered Agent:	Kala I	Hennesse			
New Registered Office Address:	<u> </u>	Enter Florida street a	ddress		
	nanesu	City	_, Florida <u></u>	ip 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 Heristered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title Name <u>Address</u> Type of Action Michael Mays 1100 Dover Rd #113-B - DANG Delray Beach, F13344S Remove \_ 

Change \_□ Remove \_ Change \_\_ Change □ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCM Restoration (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4900121766.	were filed on 5/4/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabile	ity Company." the designation "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:	4333 SW 46th Dr
(Principal office address MUST BE A STREET ADDRESS)	Gainesuille, Fl 32608
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6333 SW 46th Dr. Chainesville, F1 32608
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: Kala	T Hennessey 5
New Registered Office Address: 6333	SW 416th Drive = = = =
Cainesi	City Florida 321608 Tip 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.

f Changing Registered Agent. Signature of New Registered Agen

Page 1 of 3

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(If an effe	ve date, if other than the date of filing: Nucrober 11, 2019 (optional) rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <sub>.</sub>	November 11 . 2019.
	Kala Hamenae A Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00