## L200000 29859

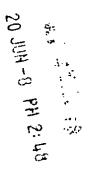
(Requestor's Name)
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## **COVER LETTER**

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TÖ: Registratio Division of	n Section Corporations	50 My 60 54 56 69
	Restoration Services Of Florida Limited Liability Company	<i>o</i> * · · · · · · · · · · · · · · · · · ·
SUBJECT:	Name of Limited Liability Company	ر روخ دوخ
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	J
Please return all corr	espondence concerning this matter to the following:	
	Sean Brannen	
	Name of Person	
	Total Restoration Services Of Florida Limited Liability Company	
	Firm/Company	
	6760 Ulmerton Dr Suite A	
	Address	
	Largo, FL. 33771	
	City/State and Zip Code	
	seanb1226324@gmail.com	
Con frather Informati	E-mail address: (to be used for future annual report notification)	
ror turmer informati	on concerning this matter, please call;	
Sean Brannen	727 219-0860	
Na	me of Person Area Code Daytime Telephone Number	_

Mailing Address:

☐ \$25.00 Filing Fee

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**■** \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

□ \$60.00 Filing Fee.

Certificate of Status & Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

ARTICLES OF AMENDMENT	
TO Solvential Control of the Control	
ARTICLES OF ORGANIZATION	
• OF	
Total Restoration Services of Florida limited liability company	.*
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  Total Restoration Services of Florida limited liability company  (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 and assigned and assigned	
Florida document number L20000029859	
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 Liability Company," the designation "LLC" or the abbreviation "LLC."	
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)	
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:	
New Registered Office Address:  Enter Florida street address	
, 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bova, James A, JR.	6760 Ulmerton Rd Suite A Largo, Fl. 33771	🗆 Add
			≣Remove
			□Change
MGR	Bova, James A, JR.	6760 Ulmerton Rd Suite A Largo, Fl. 33771	<b>≣</b> ∧dd
			□Remove
			□Change
	<del></del>		🖸 Add
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## Page 2 of 3

D. If amending an	ny other information, enter	r change(s) here: (a	ttach additional sheets	, if necessary.)	
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		06/04/0000			
Note: If the date	if other than the date of file is listed, the date must be specific to inserted in this block does not etive date on the Department of	ot meet the applicable	e of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursuant to 60 ents, this date will not be lis	5.0207 (3)(b) ted as the
	cifies a delayed effective ay after the record is file		effective time, at 1	2:01 a.m. on the earl	ier of:
Dated May 4th		2020			
		23_	·		
	Signature of	f a member or authorized	representative of a membe	r	
Sean	n Brannen				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00