

L20000087049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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06/01/20--01023--011 **25.00

2020 JUN 2 11 54 AM

Amend
Namech/8

JUL 06 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.R. RESTORATION SERVICES, 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

MICHAEL GEOVANI ALARCON JARRO

Name of Person

M.R. RESTORATION SERVICES, LLC

Firm/Company

1138 HAROLD AVE

Address

LEHIGH ACRES, FL 33973

City/State and Zip Code

M.R.RESTORATIONSERVICES@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL G. ALARCON JARRO

239

2194089

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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



2020 JUN -2 17:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

MICHAEL GEOVANI ALARCON JARRO
1138 HAROLD AVE
LEHIGH ACRES, FL 33973

SUBJECT: M.R. RESTORATION SERVICES, LLC
Ref. Number: L20000087049

We have received your document for M.R. RESTORATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00012017

In relation to the requested request, I send the corresponding and duly completed sheets for correction.

Michael Alarcon.

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

M.R. RESTORATION SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUL -2 AM 9:13
CL

The Articles of Organization for this Limited Liability Company were filed on MARCH, 23-2020 and assigned
Florida document number L20000087049.

This amendment is submitted to amend the following:

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

M R RESTORATION SERVICES, 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:

1138 HAROLD AVE

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33973

Enter new mailing address, if applicable:

12125 DE MOYA DR

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS

33905

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:

MICHAEL GEOVANI ALARCON JARRO

New Registered Office Address:

1138 HAROLD AVE

Enter Florida street address

LEHIGH ACRES

City

Florida 33973

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL G ALARCON JARRO	12125 DE MOYA DR	<input type="checkbox"/> Add
		FORT MYERS	<input type="checkbox"/> Remove
		33905	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0297 (3)(b)

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

Signature of a member or authorized representative of a member

Michael Gervasi Alarcon Janio
Typed or printed name of signee