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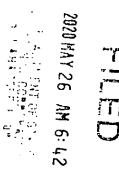
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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JUN 1 5 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Florida 1 Restoration	on LLC	
30001.01.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alton A.	Laidlaw	
		Name of Person	
		Florida 1 Restoration LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	381 S.	Hollybrook Dr., Apt# 41-3	04
		Address	
	Pembrok	ke Pines, FL 33025	
		City/State and Zip Code	
	alaidlaw7@	,	
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	ali:	
Alton	Laidlaw	at (678) 862-604	15
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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		Street Address:	and an
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida 1 Restoration LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000114861</u> .	4/29/2020 ÷ ;
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

Zip Code

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
MGR	Andrew Cornwall	8816 NW 140th Lane	□Add
		Miami Lakes, FL 33018	
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			☐ Change
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			□Remove
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n effe <u>te:</u> l	ve date, if other than the date of filing: 5/27/2020 (optional) ctive 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 ent's effective date on the Department of State's records.
cord s file	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 ed.
ed_	5/20/2020
	Alton Laidlaw hindland
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00