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COVER LETTER

TO: Registration Section

Tallabassee, FL 32314

Division of Corporations				
SUBJECT: MF	Restorations !	LC		
	Name of Lim	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Marc	O Fredricks III Name of Person		
	MF Re	STOTOF MS LLC Firm/Company		
	11922 Te	drafy Dr.		
		FL 33579 City/State and Zip Code		
	Murlo fred	Y)CK53 D gwn1). Com to be used for futule annual report noti	fication)	
For further information co	oncerning this matter, please co	•	,	
Marco Free	dricksIII	at (813) 784-6	1818	
Name of	f Person	Area Code Daytim	e Felephone Number	
Enctosed is a check for th	e following amount:			
	☐ \$30,00 Filling 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Set Division of Cor		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MF Restor	ations ILC	our records.) & C.
(Name of the Limited Liab) (A Flori	lity Company as it now appears on o da Limited Liabiity Company)	第25章 111
The Articles of Organization for this Limited Liability	C 5/	20/2020 = Sad a segured
_	Company were filed on	7 2 a
Florida document number <u>L 20000 1365 57</u>	·	i i i i i i i i i i i i i i i i i i i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Address.	Enter Florida su	reet 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mw10Fredricks III	11922 Tetratin Dr. Liverview, F	L 3357 BAdd
			□Remove
			Change
			□Add
		•	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Remove
			□Change

, If amei	Iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Changing Tiste of Maras Fredricks to Manager. Missavenly tisted owner.
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Note:	tive date, if other than the date of filing:
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 ed.
Dated_	July 14th 2020.
	Muse Jewaster II Signature of a member or authorized representative of a member
	Marco Fredricks III Typed or printed name of signee

Filing Fee: \$25.00