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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
	E CLEANING AND RESTOR	ATION EXPERTS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 22	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual rep	port notification)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3	3453
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section		on Section
Division of C	Corporations	Division (of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESSURE CLEANING AND RESTORATION EXPERTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L20000157130 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RESTORATION & REMODELING EXPERTS L.L.C. 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: (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

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.

New Registered Agent's Signature, if changing 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 I	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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(If an effective da Note: If the o	e, if other than the date of filing:te is listed, the date must be specific and can ate inserted in this block does not meet fective date on the Department of State	not be prior to date of the applicable sta	of filing or more than 9	(optional) 0 days after filing.) Purements, this date will	rsuant to 605.0207 I not be listed as
he record speci- ord is filed.	ies a delayed effective date, but not an e	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90)th day after the
Dated	MBER 13 20)21			
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	Signature of a memi	per or authorized re	epresentative of a men	iber	