

L20 000177198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

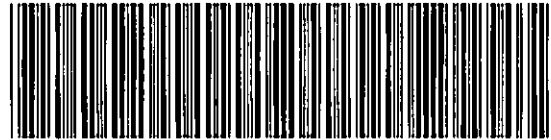
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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RECEIVED
2021 FEB 15 AM 11:57
FEB 15 2021

O SIMMONS
FEB 17 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2021

JOSEPH SANCHEZ
11110 W OAKLAND PARK BLVD
#307
SUNRISE, FL 33351

SUBJECT: SALVINO RESTORATION SERVICES LLC
Ref. Number: L20000177198

We have received your document for SALVINO RESTORATION SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000170935.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00002396

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Restoration Pros LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Sanchez
Name of Person

South Florida Restoration Pros LLC
Firm/Company

11110 W Oakland Park blvd # 307
Address

Sunrise FL 33351
City/State and Zip Code

Joe Sanchez 8419@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Sanchez at (954) 592-2161
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)

PAID Already
☐ \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2021 FEB 15 AM 11:57

Salvino Restoration Services LLC

(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 06/24/2020 and assigned
Florida document number L20000177198

This amendment is submitted to amend the following:

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

South Florida Restoration Pros 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:

(Principal office address MUST BE A STREET ADDRESS)

10248 NW 33rd Pl
Sunrise FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11110 W Oakland Park Blvd #307
Sunrise FL 33351

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:

Joseph Sanchez

New Registered Office Address:

11110 W Oakland Park Blvd #307

Enter Florida street address

Sunrise

City

Florida

33351

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.

J. Sanchez
If Changing Registered Agent, Signature of New Registered Agent

☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 FEB 15 AM 11:57

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated February 9th 2021



Signature of a member or authorized representative of a member

Joseph Sanchez

Typed or printed name of signee

Filing Fee: \$25.00