

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
LA 0000214023

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000406959 3)))



H220004069593ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ECO DRYOUT RESTORATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

C. BRUMBLEY
DEC - 5 2022

2022 DEC 2 AM 9:48

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECO DRYOUT RESTORATION, 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:

Joanna Fernandez

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

Documents@incorp.com

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

For further information concerning this matter, please call:

Joanna Fernandez for InCorp Services, Inc.

at

800-246-2677

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

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

ECO DRYOUT RESTORATION, 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 07/27/2020

Florida document number L20000214023

This amendment is submitted to amend the following:

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

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)

8 THE GREEN, SUITE A

DOVER, DE 19901

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: InCorp Services, Inc.

New Registered Office Address: 17888 67th Court North

Enter Florida street address

Loxahatchee, Florida 33470

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.

Joanna Fernandez Signature of New Registered Agent

Joanna Fernandez on behalf of InCorp Services, Inc.

H22000406959 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

H22000406959 3

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

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.

H22000406959 3