L20 000 375094

(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:
318121

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12/21/20--61017--611 ++35.00

2021 HAR -8 PK I: 55
SECRETARY OF STATE

312/21



FLORIDA DEPARTMENT OF STATE Division of Corporations

77.

March 1, 2021

MARIO PASTOR 6330 MANOR LANE SUITE 200 MIAMI, FL 33143

SUBJECT: RESTORATION UNLIMITED SERVICES LLC

Ref. Number: L20000375094

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent cannot sign the document. The document must be signed by a manager, authorized member or authorized person.

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.

Letter Number: 021A00004396

Querida R Moore Regulatory Specialist II

www.sunbiz.org

,COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: RESTORATION UNLI	MITED SERVICES LLC.
Name of Limited	00 Filing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address:
The enclosed Articles of Amendment and fee(s) are submit	ated for filing.
Please return all correspondence concerning this matter to t	the following:
MARIO PAST	ron_
<u></u>	Name of Person
6330 Mr	INOR LANE Suite 200A
Miami,	FL 33145_
	City/State and Zip Code
mario a	ryouts, com
^	
MARIO PACTOR	at (786) 253 4735
Name of Person	Area Code Daytime Telephone Number
inclosed is a check for the following amount:	
	Certified Copy Gadditional copy is enclosed) Certificate of Status & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
[anana8800, 1 L 34314	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICI	ES OF OI OF	RGANIZATION		E D
Restoration Un	limite	d Services	2021 HAR-8(PH 4: 55
(Name of the Limited Linited L	ity Company w	y as it now appears on our ability Company) vere filed on/ 1/30	~ TA JLAHAS	OF STATE SSEE, FU and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the NA A The new name must be distinguishable and contain the words			n "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.		N/A.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	6330 MA Suite 2 MIAMI	NOR L POOA FL	ANE 33/43
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office a ere:	ddress on our records,	enter the nan	ne of the new registered
Name of New Registered Agent:	Ray 1 6619	CONZALEZ 5. DIXIE Enter Florida stree	Casal Hwy naddress	4264. 23142
-		City	, Florida	Zip Code

Yew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ampany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mor	MARIO PASTOR	6330 MANOR LANG = MIAMIFE 33/43	_ 100 _ 100
			□Remove
			□Change
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n effecti ste: If i	date, if other than the date is listed, the date in he date inserted in this last effective date on the	ust be specific and block does not n	l cannot be prior to neet the applica	o date of filing of n	(o) nore than 90 days a g requirements,	fter filing.) Pursuant t	o 605.0207 e listed as
ecord s	pecifies a delayed effect	ive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
ıted	Lebrway 1	9	2021	<u> </u>	•		
	/	Part	Comu	ala-Co.	olo		
		Signature of a	member or autho	rized representativ	e of a member	CASALS	