L21000076537

(Ře	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Citing Officer:	
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Office Use Only

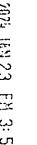


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2024 JAN 23 FM 3: 55



COVER LETTER

TO: Registration Division of C		
SUBJECT: R	apid Restoration	
	Name of Lim	ited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	<u>Ne</u>	Name of Person
		Firm/Company
	13014	SW 45th ter
	Miam	Flovida 33175 City/State and Zip Code
		92 @ 9mail. Com to be used for future annual report notification)
For further information	concerning this matter, please co	all:
N2/50	of Person	at (<u>305</u>) <u>890 0 2 80</u> Area Code Dayrime 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 & □ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

Rapid Restoration (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 210000 76537</u> .	ere filed on $02/15/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Kings man Construction Group 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:	13014 SW 45th ter
(Principal office address MUST BE A STREET ADDRESS)	13014 SW 45th ter Miami, Fl 33175
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13014 SW 45th ter Migni Fl 33175
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	
Name of New Registered Agent:	1024 JAN
New Registered Office Address:	
	Emer Florida street address Florida Florida Zip Code The Street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code 33. 12.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po accept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and

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, 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			LAdd
			□Remove
			□ Change
			□Add
		•	□Remove
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			DREMOVE TO THE PROPERTY OF THE
			□ Remove
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			□Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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<u> </u>		
(If an effec <u>Note:</u> If	e date, if other than the date of filing: \[\langle	07 (3) is the
occumen	ω	
the record scord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The with day after the d.	سد. سد
Dated _	January 18 . 2024.	
	Signature of daniember or authorized representative of a member	
	JUSAN RIVAS Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00