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Division of Corporations

Fax Number

: (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

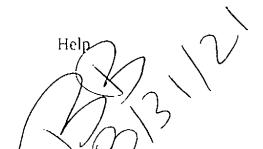
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GEOVALIANT RESTORATION LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GeoValiant Restoration LLC		·
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>a</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000282883	y were filed on 06/17/21	and assigned
(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 O6/17/21 and assigned orida document number L21000282883 The amendment is submitted to amend the following: 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 "LLC" and the new principal offices address, if applicable: Trincipal office address MUST BE A STREET ADDRESS) The mending address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Fater Florida street address Florida		
A. If amending name, enter the new name of the limited lia	bility company here:	
	W 6	<u> </u>
The new name must be distinguishable and contain the words "Limited Erab	odity Company, the designation "LLC	or the appreviation L.L.C.
Enter new principal offices address, if applicable:		<u> </u>
•		7. 30 c.
		2 2
		The Control of the Co
Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	Fla	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>:t:</u>	

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.

If Changing Registered Agent, Signature of New 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		St. Petersburg, FL 33702	□Remove
			□ Change
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