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COVER LETTER

ro:

Registration Section

Division of Co	rporations	,		
SIBLECT: TRUE	RESTALATION	l-l-C		
OBJECT. TRUE	RESTORATION Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	7			
	Dyiayi Katte	Name of Person		
	E-mail address: (to be used for future annual report notification) matter Same of Person E-mail address: (to be used for future annual report notification) matter of Person at (\$13_) 983-2511 Name of Person Area Code Dartine Telephone Number			
	2500 Butter	fly Landing Rd		
			ication)	
Brian Ruste Name	of Person	at (<u>\$/\$)9&\$</u> Area Code — Daytimo	75/1 Telephone Number	
inclosed 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)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of 0 P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	
Tallahassee.			Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 27 AM 10: 09

TAVE RESTORATION

(Name of the Limited Liability Company as it now appears on our records: AHASSEE, FUNK (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/25/12021 and assigned

Horida document number <u>L 21000 293783</u>.

e new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDR		
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		
		rds, enter the name of the new register
	l office address on our reco	rds, enter the name of the new register
Name of New Registered Agent:	l office address on our reco	rds, enter the name of the new register
Name of New Registered Agent:	l office address on our reco Enter Florida City	rds, enter the name of the new register

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added ir removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MBR	ALEXABORA Rafts	2500 Butter flx land, n	<u>→</u> ⊡Add
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record splits filed.		layed effec	tive date, but	not an eff	ective tim	e, at 12:01	a.m. on the	earlier of: (b) The 90t	h day after the
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