

h21000363673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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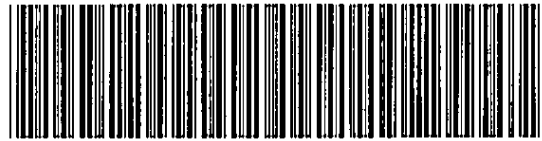
(Business Entity Name)

(Document Number)

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2022 JUL -1 AM 9:10

Amend

JUL 13 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTOR FORCE 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:

YENNY C KIBBE SAYEK

Name of Person

RESTOR FORCE LLC

Firm/Company

1633 E VINE ST, STE 107

Address

KISSIMMEE, FL 34744

City/State and Zip Code

restorforcefl@gmail.com

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

For further information concerning this matter, please call:

JENNY PAYAN

407 334-7816
at ()

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

2022 JUL -1 AM 9:10

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RECEIVED

2022 JUL -1 AM 8:29

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

May 2, 2022

YENNY KIBBE SAYEK
1633 E VINE ST
STE 107
KISSIMMEE, FL 34744

SUBJECT: RESTOR FORCE LLC
Ref. Number: L21000363673

We have received your document for RESTOR FORCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 522A00010080

Thank you.

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

RESTOR FORCE 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 08/12/2021 and assigned
Florida document number L21000363673.

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:

1633 E VINE ST. STE 107

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34744

Enter new mailing address, if applicable:

1633 E VINE ST. STE 107

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34744

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:

YENNY C KIBBE SAYEK

New Registered Office Address:

1633 E VINE ST. STE 107

Enter Florida street address

KISSIMMEE

City

Florida 34744

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.



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>	<u>Address</u>	<u>Type of Action</u>
P	BARRIOS MENA, MARYURI M	3014 FIELDWOOD CIR	<input type="checkbox"/> Add
		ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	YENNY C KIBBE SAYEK	1633 E VINE ST. STE 107	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated June 15, 2022

Signature of a member or authorized representative of a member

Manuqui M Barrios Mena
Typed or printed name of signee