

9/18/24, 10:52 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L210004774999**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.  
Account Number : 120190000096  
Phone : (407)745-1112  
Fax Number : (407)641-8083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC@EXPATCONSULTING.COM

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

Certificate of Status	0
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M. SOLOMON  
SEP 18 2024

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Corporate Filing Menu

Help

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: RESTORATION 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:

SILVIA FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIRC, STE 11

Address

ORLANDO - FL - 32819

City/State and Zip Code

ACC@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

SILVIA FREGNI

407

745.1112

at ( )

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTORATION 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 11/02/2021 and assigned  
Florida document number L21000474999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SERVE YOU SERVICES LLC

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:**

1604 GAINES MILL COURT, # 303

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE - FL - 34747

**Enter new mailing address, if applicable:**

1604 GAINES MILL COURT, # 303

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE - FL - 34747

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>
MGRM	LEONARDI DE QUEIROZ, PIERO	11045 MOBBERLEY CIRCLE	<input type="checkbox"/> Add
		ORLANDO - FL - 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DE VASCONCELOS FRAGOSO, DIOGO	1604 GAINES MILL COURT, # 303	<input type="checkbox"/> Add
		KISSIMMEE - FL - 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FERREIRA MACHADO, DANILO		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SEP 14 1970  
TAMMASEE

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SEC. OF STATE  
TALLAHASSEE, FL



**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated ORLANDO, 18 OF SEPTEMBER, 2024

ORLANDO, 18 OF SEPTEMBER, 2024

X  Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DIOGO DE VASCONCELOS FRAGOSO

Typed or printed name of signee