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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_____

AF 11 51

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNBELT WATERPROOFING & RESTORATION OF FLORIDA, LLC

PLEASE HÖNOR ORIGINAL SUBMISSION DATE OF BIG22

Certificate of Status	0
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M. SOLOUTH

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June 14, 2022

FLORIDA DEPARTMENT OF STATE

SUNBELT WATERPROOFING & RESTORATION OF FLORIDA, LLC 7318 FERGUSON RD DALLAS, TX 75228US

SUBJECT: SUNBELT WATERPROOFING & RESTORATION OF FLORIDA, LLC

REF: L22000002731

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: E22000205220

Regulatory Specialist II Supervisor Letter Number: 822A00013321

Registration Section

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COVER LETTER

	tration Second			
SUBJECT:	UNBELT	WATERPROOFING & REST	ORATION OF FLORIDA, LLC	
SUDJECT: _		Name of Limi	ted Lizbility Company	 _
The enclosed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	II со гте зро	ndence concerning this matter	to the following:	
		Barrett Lidji		
			Name of Person	
		Sunbelt Holdings, LLC	tted for filing. the following: Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification)	
			Firm/Company	
		7318 Ferguson Rd		
			Address	
		Dallas, TX 75228		
			City/State and Zip Code	
		blidji@northavencapital.com		
For further info	ormation o	E-mail address: (oncerning this matter, please o	<u>-</u>	Stiffcotton)
Calvin Certer		- ,	214 600-9783	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	hack for th	se following amount:		
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ng Addres			Section
Divi	sion of C	orporations	Division of C	orporations
	Box 632 thessee. I	.7 FL 32314		Tallahassee roe Street, Suite 810

Tallahassec, FL 32303

H22000208035

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now annears (A Fiorida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company were filed on Iana Florida document number L22000002731	pary 4, 2022 and assigned			
This amendment is submitted to amend the following:	÷:	NOF 2202		
A. If amending name, enter the new name of the limited liability company her	<u>(C</u> :	<u></u>		
Sunbelt Restoration of Florida, LLC	ر نو	. Z		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	*14.	ယ 23:#		
Enter new principal offices address, if applicable:	£+			
(Principal office address MUST BE A STREET ADDRESS)		<u>•</u> 5		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our re	cords, enter the name of the new resi	— — —		
agent and/or the new registered office address here:				
Name of New Registered Agent:		_		
New Registered Office Address: Enter Flori	de street address	—		
	, Florida			
City	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 of provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C	my duties, and I am familiar with and	l		

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

MGR = Manager

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

AMBR -	Authorized Member		
Title	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			Remove
			□ Charige
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			DAdd
			□Remove
			☐ Change
			□Add
			☐ Remove

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__ Change

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ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the E	ock does not me	et the applica	ible matutory	or more than filing requir	(option 90 days after fi ements, this o	i al) ling.) Pursuan late will not	t to 605,0207 be listed as
record specifies a delayed effective is filled.	e date, but not a	ı effective ti	me, ut 12:01 :	a.m. on the e	arlier of: (b)	The 90th d	ay after the
ated		2022	p.	12.5			

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