L22000006673

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A. BUTLER FEB 1 8 2022

COVER LETTER

SHR IF/T.				
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Processing Department		
			Name of Person	
Division of Corporations ECO GREEN RESTORATIONS, 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: Processing Department Name of Person MyCorporation Business Services, Inc. Firm/Company 26025 Mureau Road Suite 120 Address Calabasas, CA 91302 City/State and Zip Code E-mail address, too be used for future annual report notification) For further information concerning this matter, please call: Processing Department Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
			26025 Mureau Road Suite	120
	Division of Corporations ECO GREEN RESTØRATIONS, LLC Name of Limited Liability Company seed Articles of Amendment and feets) are submitted for filing, urn all correspondence concerning this matter to the following: Processing Department Name of Person MyCorporation Business Services, Inc. Firm/Company 26025 Mureau Road Suite 120 Address Calabasas, CA 91302 City/State and Zip Code E-mail address, to be used for future annual report notification) or information concerning this matter, please call: and Department Name of Person Name of Person Name of Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) Natiling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
		Calabasas, CA 91302		
			City/State and Zip Code	
		E-mail address. (to be used for future annual report noti	fication)
For further is	nformation co	oncerning this matter, please ca	all:	
Processing I	Department			
	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	i check for th	e following amount:		
□ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	Division of Corporations ECO GREEN REST®RATIONS, LLC Name of I Name of I Processing Department MyCorporation Busine 26025 Mureau Road St Calabasas, CA 91302 E-mail address r further information concerning this matter, please occasing Department Name of Person closed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section		The Centre of 3	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO GREEN RESTORATIONS, LLC

FILED

2022 FEB -3 AM 7: 21

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re	ecords.)	
(A Fiorida Emineu E	naomy company)	SECRETARY OF STATE TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company	were filed on $12/29/2021$	and assigned	
Florida document number L22000006673			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Mold RX Restorations, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>c</u>	nter the name of the new registered	
agent uniques the new registered office near the new registered			
Name of New Registered Agent:			
N. D. Carrier of Office Address			
New Registered Office Address:	Enter Florida street a	ddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agraphrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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

Title	<u>Name</u>	Address	Type of Action
			🗀 Add
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Note:	tive date, if other than the date of filing: [Coptional] [Coptional]	0207 ed as
d ict	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
Dated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Chris Lovell, Member Typed or printed name of signee	