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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W&M RESTORATION LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W&M RESTORATION LLC				
(Name of the Lim	ited Liability Compa (A Fiorida Limited)	ny as it now appears on our r Liability Company)	tcords.)	
The Articles of Organization for this Limited I Florida document number L22000057648				nd assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		10250 36TH WAY NORTH CLEARWATER		
(Principal office address MUST BE A STRE	ET ADDRESS)	FL 33762		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		10250 36TH WAY NORTH CLEARWATER		
		F1. 33762		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>e</u>	nter the name of th	ie new registe
Name of New Registered Agent:	ELIZABETH E	BRUNAL		
New Registered Office Address:	13640 LARAV	VAY DR RIVERVIEW	: 29	
		Enter Florida street d		
	FL		_, Florida 33579 Zip	7;
		City	-Zip	Code-
New Registered Agent's Signature, if changing	Registered Avent:	<u> </u>	;;	
I hereby accept the appointment as register provisions of all statutes relative to the pro				
accept the obligations of my position as reg				

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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
			Change
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<del></del>			□ Add
			Петюче
			JAdd
			□Remove
			□ Change
			□Add
			□ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote: 1	re date, if other than the date of filing:
record I is file	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 d.
لمعمد	16 FEBRUARY 2022
ated _	(Eur)
	Signature of a member or authorized representative of a member
	ELIZABETH BRUNAL

Filing Fee: \$25.00