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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Tidewater F	Restoration, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Coral Martin		
			Name of Person	
		Tidewater Restoration, LL	С	
			Firm/Company	
		4356 Fortune Pl. Suite D		1025 FEB 23
			Address	F C
		W. Melbourne, Fl. 32904		
			City/State and Zip Code	
		SpaceCoast@1TomPlumbe	r.com to be used for future annual report notific	
For further in	nformation c	oncerning this matter, please co	·	atton) r
Susan Bailey	y		321 749-3407	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
Rep Div P.C	D. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations Ilahassee
1 21	llahassee, F	L 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Idewater Restoration LLC (Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our re nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000141593</u> .	and assigned	
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:	4356 Fortune Pl Suite D	
(Principal office address MUST BE A STREET ADDRES.	W. Melbourne, Fl. 32904	707
		in the second
Enter new mailing address, if applicable:	4356 Fortune Pl Suite D	150
(Mailing address MAY BE A POST OFFICE BOX)	W. Melbourne, Fl. 32904	H (2
		— F 6
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>er</u>	nter the name of the new registe
Name of New Registered Agent: Coral Mart	tin	
New Registered Office Address: 4356 Fortu	ane Pl. Suite D	
	Enter Florida street aa	Idress
W.Melbou		, Florida 32904
	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 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>	Address	Type of Action
MGR	Coral Martin	4356 Fortune Pl. Suite D	■Add
•		W. Melbourne, Fl 32904	□Remove
•			□Change
AMBR	Chelsea Kittel	4356 Fortune Pl. Suite D	□Add
		W. Melbourne, Fl. 32904	□ Remove
			∃ Change
AMBR	Kevin Kittel	4356 Fortune Pl. Suite D	三三章Add
		W. Melbourne, Fl. 32904	Add Remove
			Echange ⊈Change
AMBR	Susan Bailey	4356 Fortune Pl. Suite D	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		W. Melbourne, Fl. 32904	□Remove
			□Change
			□Remove
			□Change
 .			□Add
			□Remove
			□ Changa

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