## **,000)**

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Elist) Halley
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300391256193

2022 AUG - 1 KH 10: 35

C/8/1/2022

## **COVER LETTER**

TO: Registration S Division of Co					
DISASTE SUBJECT:	ER RESTORATION SERVICES	S.LLC			
SUBJECT:	Name of Lin	ited Liability Company	1		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Allison Horner				
		Name of Person	-		
	Disaster Restoration Servi	ces, LLC			
		Firm/Company			
	1980 Dolgner Place, Suite	1000			
		Address			
	Sanford, Florida 32771				
		City/State and Zip Code	<del></del>		
	ahorner@onecri.com				
	E-mail address: (	to be used for future annual report noti	ification)		
For further information	concerning this matter, please c	all:			
Allison Horner		423 260-4070			
Name of Person			ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 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)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 63 Tallahassee.			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISASTER RESTORATION SERVICES, LLC

2022 AUG - 1 AH 10: 35

(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 May 16, 2022 and assigned Florida document number  $\frac{1.22000227445}{1.22000227445}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

\_\_. Florida \_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Officer	Jeffrey T. Cuthbertson	5463 Watkins Street	
		Ooltewah, Tennessee 37363	□Remove
			□Change
			Remove
			□Change
			🗆 Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change

N/A					_
					_
			····		_
					_
					_
					_
					_
			·		-
				·	_
					_
			<u>.</u>		_
					_
			• • •		_
					_
ective date, if other than the of effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be ck does not meet the ap	oplicable statutory	or more than 90 days a		
cord specifies a delayed effective s filed.	date, but not an effecti	ve time, at 12:01	a.m. on the earlier of:	(b) The 90th day af	ter th
July 29	. 2022	·			
1// -	- 11111				
- J.	Signature of a member or		-		