11/16/22, 7:30 AM

Division of Corporations

Florida Department of State Division of Soprations Chetronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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10	I RESTORATION LLC	
	Doing son Division of Corfax Number Account Name Account Number Phone Fax Number the email address contail report mailinail Address:	Division of Corporations Fax Number : (850)617-6383 Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450 the email address for this business entity to be used for future of the control of the co

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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e11011767		RATION LLC	•	
SOBRU	·	Name of Limi	ited Liability Cempany	
Please retu	ım all correspor	idence concerning this matter	to the following:	
		ANDREA STEFANY PER	REIRA DI MARTINO	
	Division of Corporations BIFCT: Name of Limited Liability Company senciosed Articles of Amendment and fee(s) are submitted for filing asseretum all correspondence concerning this matter to the following: ANDREA STEFANY PEREIRA DI MARTINO Name of Person 101 RESTORATION LLC Funn@empany 1690 NW 108TH AVE UNIT 16! Address MIAML FL 33172 City/State and Zup Gode BUSINESSACCTPROF@fMAIL.COM Benal address to be used for future aroual report notification) further information concerning this matter, please coll: SDREA STEFANY PEREIRA DI MARTINO Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: \$255.00 Filing Fee Certificat Copy (additional copy is enclosed) Mailing Address: Street Address:			
		101 RESTORATION LLC		S60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Section Corporations of Tallahassee onroe Street. Suite 810
			Firm/Company	
		1690 NW 108TH AVE UN	UT 16!	
			Address	
		MIAMI, FI. 33172		
			•	
	ANDREA STEFANY PEREIRA DI MARTINO Name of Person 101 RESTORATION LLC Firm/Company 1690 NW 108TH AVE UNIT 16! Address MIAML FL 33172 City/State and Zap Code BUSINESSACCTPROF@GMAIL.COM E-mail address (to be used for future annual report notification) or further information concerning this matter, please call: ANDREA STEFANY PEREIRA DI MARTINO Name of Person 1786 1			
For furthe	i information co			
ANDREA	STEFANY PE	REIRA DI MARTINO	at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	e following amount:		
■ \$25.04	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration S Division of Co P.O. Box 632	ection orporations 7	Registration Sec Division of Cor The Centre of T	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

101 RESTORATION LLC		1	NOV 16
(Name of the Limi	ted Llability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	: N
he Articles of Organization for this Limited L	Liability Company were	filed on JULY 8, 2022	and Assigned
orida document number L22000302116	_ 		
is amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability c	ompany here:	
e new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or	r the abbreviation "L.L.C."
ater new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
iter new mailing address, if applicable:			
<u>lailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
	<u> </u>		
. If amending the registered agent und/or gent and/or the new registered office addre		ss on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent;	ANDREA STEFANY	PEREIRA DI MARTINO	
New Registered Office Address:	690 NW 108TH AVE	UNIT 164	
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address	
	MIAMI		da ³³¹⁷²
	C	lity	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	ANA M. MONGIOVI	1690 NW 108TH AVE UNIT 164	
		MIAMI, FL 33172	≣Remove
]Change
MGR	SERENTTY 18 LLC	1690 NW 108TH AVE UNIT 164	□Add
		MIAMI, FL 33172	■Remove
			□Change
MGR	CARLOS GUCCIARDO	1690 NW 108TH AVE UNIT 164	□Add
		MIAMI, FL 33172	≣Remove
			□Change
AMBR	ANDREA STEFANY PEREIRA DI MARTINO	1690 NW 108TH AVE UNIT 164	= Add
		MIAMI, FL 33172	⊐Remove
			TChange
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			ЭСһипес
			JAdd
			⊐Remove
			7Change

				
				
				
				
				
				
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fective date, if other than the dan effective date is listed, the date must be one. If the date inserted in this block becament's effective date on the Dep	k does not meet the applic	able statutory filing	(optional) e than 90 days after filing.) Pursua requirements, this date will no	nt to 605.0207 t be listed as
record specifies a delayed effective is filed.	date, but not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b) The 90th o	day after the
NOVEMBER 16	2022			
<u>-</u>	, , ,	_		
12.	dre: Pereira			

Filing Fee: \$25.00