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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
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08/07/24--01030--004 ++25.00



COVER LETTER

TO:

	ration Section n of Corporations		
	I RESTORATION LLC		
SUBJECT:	Name	of Limited Liability Company	~
The enclosed Ar	ticles of Amendment and fee(s) a	are submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
	CARLOS GUCCIA	RDO	
		Name of Person	-
	101 RESTORATIO	NILC	
		Firm/Company	- 말
	8256 NW 70TH ST		
		Address	
	MIAMI, FL 33166		
	-	City/State and Zip Code	- .
	dscservices1203@gn		- ,
		dress: (to be used for future annual report notification)	t_{ij}
For further infon	mation concerning this matter, pl	lease call:	
DANIELA SUA	REZ	(786) 881-7211 at (
	Name of Person	at () Area Code Daytime Telephone Number	<u></u>
Enclosed is a che	eck for the following amount:		
≅ \$25.00 Filin	g Fee S30.00 Filing Fee Certificate of Sta	atus Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &
Regist	Address: ration Section	Street Address: Registration Section	
	on of Corporations lox 6327	Division of Corporations The Centre of Tallahassee	
	assee, FL 32314	2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

101 RESTORATION LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000302116	.iability Company	were filed on 07/08/2022	_ and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	f the limited liab	ollity company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:	1690 NW 108TH AVE UNIT 164, MIAMI	, FL 33172
(Principal office address MUST BE A STREET ADDRESS)			2
Enter new mailing address, if applicable:		8256 NW 70TH ST, MIAMI, FL 33166	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			2 59
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the name o	.1.
Name of New Registered Agent:	DANIELA SU	AREZ	
New Registered Office Address:	8256 NW 70TT	H ST Enter Florida street address	
	MIAMI	Florida 33166	j

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

Langing 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
			□Remove
			□Add
			□Remove
		 	☐ Change
			□Add
			□ Add GRemove
			□Change
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			☐Remove
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fective date, if other than the date of filing:		(optio	nal)
on effective date is listed, the date must be specific and cannot be		or more than 90 days after	filing.) Pursuant to 605.02
cument's effective date on the Department of State's re	cords.	mag requirement, tale	and will not be holds
ecord specifies a delayed effective date, but not an effect is filed.	tive time, at 12:01 a	i.m. on the earlier of: (b)	The 90th day after th
JULY 29TH , 2024			
Signature of a member	>al		

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Filing Fee: \$25.00