K22000444181

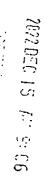
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4

Office Use Only



800398939228

12/15/22~-01010--001 **25.00



COVER LETTER

TO:	Registration S Division of Co					
CHDH	rcr.	, FLORIDA DI	SASTER SERVICÉS	S LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Sonia Becerra			
			Name of Person			
Swyft Filings						
			Firm/Company			C-2
3 Greenway Plaza #1320					<u> </u>	022 EEC 15
Address				<u> </u>	(.) (.)	
			Houston, TX 77046	,		<u> </u>
			City/State and Zip Code			:::
		floridadisasterservicesllc@gmail.com			ુ: 06	
		E-mail address: (to be used for future annual re	eport notification)		5
For fur	ther information	concerning this matter, please ca	all:			
Sonia Becerra at ()_				777-0450		
	Name	of Person	Area Code	Daytime Telephone	Number	
Enclos	ed is a check for	the following amount:				
™ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	osed) C	60.00 Filing Fee, Certificate of State Certified Copy additional copy is encl	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallabamas CI 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 M. Mangao Strant Suita 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appear	s on our records.)			
	10/14/2022	ar	nd assig	ned
			·	
 ·				
:				
imited liability company he	re:			
imited Liability Company," the de	esignation "LLC" or the a	bbreviati	on "L.L.	
DRESS)			_	_
			022	
			930	
				•
			-:	
			-::	
red office address on our re	ecords, enter the nan	ne of th	• •	registo
e:	<u> </u>	111	67	
Enter Flor	ida street address			
	Flada			
City	, г югіоя	Zip	Code	
	red office address on our ree:	red office address on our records, enter the name: Enter Florida street address , Florida	The provided and the street address Enter Florida street address Florida Florida	inited Liability Company as it now appears on our records.) ind Limited Liability Company) / Company were filed on and assign

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 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
AMBR	THOMAS MCFERRIN	710 PONDELLA RD S#7	□Add
		NORTH FORT MYERS, FL 33903	
			□ Change
			JAdd
			Remove
			□Change
			22dd - 22
			□ Remove
			□Change · · · · · · · · · · · · · · · · · · ·
			LYAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	- · · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□ Change

	
	2012
	20 P. C.
	5
	` <u>; </u>
	<u> </u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to da : If the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after
d 10/19 2022. **X Michael Minimum of a member or authorized to member of the member of authorized to member of the member of th	
X Signature of a member or authorized	d representative of a member