Page; 1 of 7

2023-05-31 21:23:37 GMT

From: Licenses Etc.

5/31/23, 5:20 PM

Division of Corporations

## Florida Department of State on of Ediporations

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.

(((H23000198306 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

SUPPORT@LICENSESETC.COM Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIKE CUSTOM RESTORATION LLC

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## **COVER LETTER**

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orporations				
om Restoration LLC				
Name of Limited Liability Company				
f Amendment and fee(s) are submitted for filing.				
ondence concerning this matter to the following:				
Joshua Fike				
Name of Person				
Fike Custom Restoration				
Firm/Company				
870 Xavier Ave S				
Address				
Fort Myers, FI 33919				
City/State and Zip Code				
j.fike@fikecustomrestoration.com  E-mail address: (to be used for future annual report notification)				
concerning this matter, please call:				
239 849-3417 at ()				
of Person Area Code Daytime Telephone Number				
the following amount:				
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status				
ss: Street Address: Section Registration Section				
Corporations Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fike Custom Restoration LLC	
(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 03/29/2023	and assigned
Florida document number L23000157380	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
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 na	ame of the new registered
agent and/or the new registered office address here:	2023
Name of New Registered Agent:	· <u> </u>
New Registered Office Address:	
Enter Florida street address	
, Florida _	
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code C

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.

(((H23000198306 3)))
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>	Name	Address	Type of Action
CEO	Joshua Fike	870 Xavier Ave S	<b>\</b>
		Fort Myers, Ft 33919	
			©Change
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			□Remove
		Paradalahan jaga-garagan .	□Change
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
	f specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
e record rd is file	ed.
rd is file	3/10/2023
rd is file	Signature of a member or authorized representative of a member