

L23 000 246 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

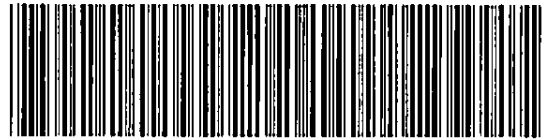
(Business Entity Name)

(Document Number)

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04/16/24--01033--004 **25.00

2024 APR 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US PREMIUM RESTORATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milagros D Sanchez Labrador

Name of Person

Firm/Company

10501S Orange Ave Ste 119

Address

Orlando FL 32824

City/State and Zip Code

uspremiumrestorations@gmail.com

E-mail address: (to be used for future annual report notification)

10:11:00
2024 APR 16 PM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Milagros Sanchez Labrador

720

6556505

at ()

Name of Person

Area Code

Daytime 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US PREMIUM 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 04/05/2024 and assigned
Florida document number L23000246302.

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)

Milagros D Sanchez Labrador

10501 S Orange Ave Ste 119

Orlando FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10501 S Orange Ave Ste 119

Orlando FL 32824

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:

Name of New Registered Agent:

Milagros D. Sanchez Labrador

New Registered Office Address:

10501 S Orange Ave Ste 119

Enter Florida street address

Orlando


City

Florida 32824

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>	<u>Address</u>	<u>Type of Action</u>
P	Julio C Sanchez Labrador	7661 NW 107TH Ave Unit # 301	<input type="checkbox"/> Add
		Doral, Fl. 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Milagros D Sanchez Labrador	10501 S Orange Ave Ste 119	<input checked="" type="checkbox"/> Add
		Orlando Fl 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

207 APR 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
ITALY
2024 APR 16 AM 9:41

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 04/08/2024

[Signature]
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MILAGROS SANCHEZ

Typed or printed name of signee