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	Registration Se Division of Cor		•	•		
SUBJEC		Y RESTORED LLC				
SUBJEC	-1:	Name of Lim	ited Liability Company	2023 SEP		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	P 25		
Please re	turn all correspo	ndence concerning this matter	to the following:			
		CARMEN D RODRIGUE	ZZ.	7. A		
		DORIS BONNET INC TA				
		Firm ² Company				
		1650 SAND LAKE RD SU	1650 SAND LAKE RD SUITE 245			
		Address				
		ORLANDO FL 32809 City/State and Zip Code doris@dorisbonnet.com				
	E-mail address: (to be used for future annual report notification)					
For furth	er information c	oncerning this matter, please co	all:			
Carmen	D Rodriguez		407 228-6630			
	Name o	f Person		e Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

2023 SEP 25 AH

AMIZINGLY RESTORED 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 $\frac{09/14/2023}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMAZINGLY RESTORED LLC 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_. Florida __

It 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
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			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to o	date of filing or more than 90 days after filing.) Pursuant to 605,0207
lote: If the date inserted in this block does not meet the applicabl ocument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
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record specifies a delayed effective date, but not an effective time l is filed.	, at 12:01 a.m. on the earlier of; (b) The 90th day after the
10/12/2023	
ated	
Signature of a member or authorize	

Typed or printed name of signee