

L23000487429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

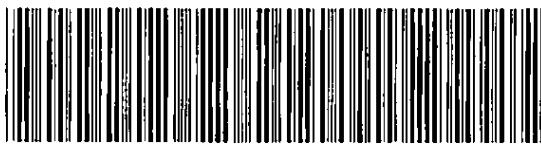
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A handwritten signature in black ink, appearing to read "J. H. Smith".

COVER LETTER

TO: Registration Section
Division of Corporations

RESTORATION DOCTOR OF MIAMI 24-7 RAPID RESPONSE LLC
SUBJECT: _____
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:

Shoughi Darakhshan

Name of Person

Skyfall Industries LLC

Firm/Company

30 N Gould St Suite R

Address

Sheridan WY 82801

City/State and Zip Code

info@restorationdoctors.com

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

For further information concerning this matter, please call:

Shoughi Steve Darakhshan

703 340 - 5356

Name of Person

at (_____
Area Code

Daytime Telephone Number

FLORIDA DIVISION
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

RESTORATION DOCTOR OF MIAMI 24-7 RAPID RESPONSE 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 09/17/2024 and assigned Florida document number L23000487429.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Restoration Doctor of Miami 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:

1200 Brickell Ave Suite 1950 #1007, Miami, FL 33131

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

1200 Brickell Ave Suite 1950 #1007, Miami, FL 33131

(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.

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated 9-28 24

Mark Dvorakoski

Signature of a member or authorized representative of a member

Shoughhi Darakhshan

Typed or printed name of signee

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