

23000511758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

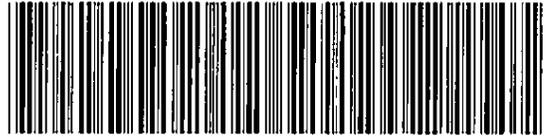
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100423937921

02/21/24 -01027--007 **60.00

3/15/24
KTH

FILED

2024 FEB 21 AM 8:30

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATER RESTORATION EMERGENCY, 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:

SONIA ESTHER ZAMOT VARGAS
Name of Person
WATER RESTORATION EMERGENCY, LLC
Firm/Company
7735 YARDLEY DR. UNIT 411
Address
TAMARAC, FL 33321
City/State and Zip Code
billing@wremergency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA ESTHER ZAMOT VARGAS at (787) 6456555
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

2021 FEB 21 AM 8:30

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

WATER RESTORATION EMERGENCY, 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 11/10/2023 and assigned Florida document number L23000511758.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

SONIA ESTHER ZAMOT VARGAS (PLEASE CORRECT LAST NAMES)

New Registered Office Address:

7735 YARDLEY DR, UNIT 411

Enter Florida street address

TAMARAC

Florida

33321

City

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>
MGR	MARKEL KEON COX	9224 NW 37TH PL	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 FEB 1 AM 3:30
 (i)

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

BESIDES REMOVING MARKEL KEON COX AS MEMBER AND MANAGER, PLEASE CORRECT MY

LAST NAME AS REGISTERED AGENT (CORRECT NAME: SONIA ESTHER ZAMOT VARGAS).

THANK YOU.

Multiple horizontal lines for additional amendments.

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.

2024 FEB 21 8:30

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 FEBRUARY 13, 2024

Signature of a member or authorized representative of a member

SONIA ESTHER ZAMOT VARGAS

Typed or printed name of signee