L24 000 107 798

(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:





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COVER LETTER

Division of Cor	porations		
SUBJECT:	Inner Res	storation LL	C
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jes	Name of Person	
		Name of Person	
	In	ner Restora Firm/Company	tion LLC
		Firm/Company	-
	5475 NW	St. James Dr. Address	Suite 420
	Port St. Lucie	FL. 34983 City/State and Zip Code	
		ner restoration.	
For further information co	oncerning this matter, please ca	all:	
Jesel R	grapio		2.6 2.00
Name of	f Person	Area Code	218-2398 Daytime Telephone Number
Enclosed is a check for th	ne 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		Street Ado	
Registration S	section	Registrat	ion Section

Division of Corporations P.O. Box 6327

. . .

Registration Section

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNER RESTORATION LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	03/01/2024 and assigned
Florida document number <u>L24000107798</u> .	•
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24]
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	8 - 00
	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fl	orida street address
	, Florida
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>	Address	Type of Action
AMBR	Ansel Espinal	5475 NW St. James Dr. Suite	
		Port St. Lucie, FL. 34983	Nemove
			□Change
			□Add
			□Remove
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			□ Change

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ffective	e date, if other than the date of filing: (optional) ive 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 605.020
<u>ote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
record s	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
ated	June 21st , 2024.
	A.Q. L.
	Signature of a member or authorized representative of a member
	Jesel Rubin