12400110967

(Red	questor's Name)	
(Add	dress)	
•	ŕ	
		<u> </u>
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(0)		
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
	•	
· · ·		
Special Instructions to f	Filing Officer:	
		





700431133347

08/10/24--01022--006 **25.00



2024 JUN 10 FH 4: C

COVER LETTER

Division of	n Section Corporations	·	
SHRIFCT:	RESTORE WAY	LLC	
30 6 3ECT	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Alexan	ndru Sirbu Name of Person	
		Firm/Company	·
	15061 Ro	in Lily Street	\
		City/State and Zip Code City/State and Zip Code Cestore—way. com to be used for future annual report noti	dication)
b .	on concerning this matter, please c		
	undry ne of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	or the following amount:		
☑ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box (on Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations [7] [8] [8] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MES TORF	WAY LLC
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 240967.	were filed on 030412024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable andtain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15001 Rain Lily Street, Jacksonville, FL 32258
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15061 Rain Lily Street, Macksonville, FL 32258
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrei Chicerman	24690 Sandhill Blud,	□Add
		unit 601,	
		Punta Gorda, FL 33983	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
		SE 25:	Remove C: Change Change Change
			r: •
			Change

								-,,		_
										_
		=								_
										_
										_
								-		_
				·.·						_
										_
	-									_
										_
		<u></u>								_
-										_
		<u> </u>								_
							· · · ·			_
		 .								_
										_
	A.A. 26	41. 41. 1.4	e e-1:				, ,	• .		
ootivo .	uate, a other	ie date must be sp	recific and c	cannot be prior	r to date of fili	ng or more th	in 90 days afte	onal) r filing.) Pur	suant to 6	05.020
n effectiv	ve date is listed, th	in this block de	oes not me	eet the applic	cable statuto	ry filing requ	rirements, thi	s date will	not be li	sted as
n effectiv <u>te:</u> If tl	ve date is listed, th he date inserted	on the Dangero								
n effectiv <u>te:</u> If tl	ve date is listed, th	on the Departn	Herie Of The	ate s records	5.					
n effectiv te: If tl cument'	ve date is listed, th he date inserted 's effective date					1 2		.) Th 00	ala decen	
n effectiv <u>te:</u> If the cument' ecord sp	ve date is listed, th he date inserted					l a.m. on the	earlier of: (l	n) The 90	th day at	ter the
n effectiv ste: If the cument' ecord sp	ve date is listed, th he date inserted 's effective date					I a.m. on the	earlier of: (l	n) The 90	th day at	ter the
n effective te: If the cument's ecord space is filed.	ve date is listed, the date inserted is effective date becifies a delayer			ın effective t	time, at 12:0	l a.m. on the	earlier of: (l	The 90	th day at JUN	ter the
n effective of the cument's ecord space is filed.	ve date is listed, th he date inserted 's effective date				time, at 12:0	l a.m. on the	earlier of: (l	The 90	2024 JUN 1 O	ter the
n effective of the cument's ecord space is filed.	ve date is listed, the date inserted is effective date becifies a delayer			ın effective t	time, at 12:0	I a.m. on the	earlier of: (l	The 90	2024 JUN 1 O	ter the
ote: If the cument's ecord space is filed.	ve date is listed, the date inserted is effective date becifies a delayer	d effective date	:, but not a 	in effective t	time, at 12:0	-		The 90 The 90 TALL SANGER	day 100 File 4:	· • • • •