

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000223083 3)))



H240002230833ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : B RILEY WEALTH TAX SERVICES INC
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

ICOLON@BRILEYWEALTH.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R&D RESTORATION OF ORLANDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 01 2024

RECEIVED

2024 JUN 28 AM 11:51

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 JUN 28 PM 3:58

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

R&D RESTORATION OF ORLANDO 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 JUNE 26 2024 and assigned
Florida document number L24000288819.

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 "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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	FUCS, RICARDO HERDAN	1874 NE 214TH TER	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SHIFFMAN, DAVID	2031 NE 210TH ST	<input type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	R&D RESTORATION LLC	1950 NE 149TH ST	<input checked="" type="checkbox"/> Add
		N MIAMI FL 33181	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 JUNE 28, 2024

Signature of a n

Signature of a member or authorized representative of a member

RICARDO HERDAN FUCS

Typed or printed name of signee

Filing Fee: \$25.00