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## **COVER LETTER**

	egistration Se- ivision of Cor			
		TION WASH LLC		
SUBJECT	·	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub- ndence concerning this matter		
		GEORGE Ł LUTZ		
			Name of Person	
		RESTORATION WASH L	LC	
			Firm/Company	
		1266 SHORECREST CIRC	CLE	
			Address	
		CLERMONT, FL 34711		
			City/State and Zip Code	
		- office @ Re E-mail address:	estonationuash.com to be used for future annual report notif	) ication)
For further	information c	oncerning this matter, please ca		
GEORGE	L LUTZ		at (903) 805 -	2453
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>≘</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
9	Iniling Addres	is:	Street Address:	

· TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 WASH LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{07/15/2024}{}$ and assigned
Florida document number L24000314440	<del></del> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11133 Eastwood DR.
Principal office uddress MUST BE A STREET ADDR	1/133 Eastwood DR.  RESSI Onlando, FL 32817-
	7 6 L
Enter new mailing address, if applicable:	11133 Eastwood Da. = Onlando, FL 32817 S. =
Mailing address MAY BE A POST OFFICE BOX)	Onlando, FL 32817
gent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent: Geo	onge Levi Lutz
New Registered Office Address: /// 3	onge Levi Lt2  33 Eastwood Dn  Enter Florida street address  20 Alardo Florida 328/7  City Zip Code
	alardo Florida 32817
	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.

Changing Acgistered 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>	Type of Action
MGR	TYLER WOODS	1417 SOUTHERN SUN DRIVE	□Add
		OAKLAND, FL 34787	Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
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iote: If the date is	other than the da listed, the date must be nserted in this block we date on the Depa	does not meet	the applic	able statutory		(option 90 days after the irements, this	filing.) Pursuant t	o 605.0207 c listed as
record specifies a I is filed.	i delayed effective d	ate, but not an	effective t	ime, at 12:01 :	a.m. on the	earlier of: (b)	The 90th day	after the
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Y	1			orized represen	- <del></del> -		<u></u> <u></u>	

Typed or printed name of signee