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2024 NOV 14 PH 3: 30 SECRETARY OF STATE TALLAHASSEF, FI

FILED

COVER LETTER

TO:

Registration Section Division of Corporations

	Professional Services of Tam	pa Bay LLC	
	Name of Lim	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WALTER ADAMS		
		Name of Person	
	SOUTHEAST RESTORA	TION PROFESSIONAL SERVIC	CES, LLC
		Firm/Company	
	2101 TRIESTE TRAIL		
		Address	·
	ADAMS, TN 37010		
		City/State and Zip Code	
	waltergadamsjr@gmail.com	n	
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
JAKE ADAMS		615 318-9963	
Name o	f Person		ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Restoration Professional Services of Tampa Bay LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on October 09, 2024	and assigned
Florida document number L24000433792		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Southeast Restoration Professional Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
	AL	S
	'A T	
Enter new mailing address, if applicable:	Ž	izy _r !
(Mailing address MAY BE A POST OFFICE BOX)		
in the state of th		15 A
		- G
B. If amending the registered agent and/or registered office adaptated agent and/or the new registered office address here:	ddress on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and : if this document is

H 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>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□ Change
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Note:	the date, if other than the date of filing:	207 (as t
e recor rd is fi	I 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 day after the delayed effective date.	he
Dated	OCOTBER 30 2024	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00