

L24000434904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

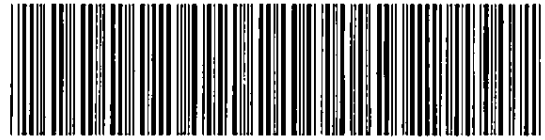
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DEC 12 2024

Office Use Only



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FILED
2024 NOV 15 PM 4:55
J. HORNE
DEC 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C L A DISASTER RESTORATION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KORK K. LITTLE, CPA

Name of Person

CARL C. LITTLE, CPA LLC

Firm/Company

21 MAIN ST., SUITE #1

Address

JAFFREY, NH 03452

City/State and Zip Code

CARLCLITTLE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colton Falgout

321 493-0214
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

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**

FILED

C L A DISASTER RESTORATION LLC

2024 NOV 15 PM 4:55

(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 10-10-2024 and assigned
Florida document number L24000434904.

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:

10701 S OCEAN DR LOT 829

(Principal office address MUST BE A STREET ADDRESS)

JENSEN BEACH, FL 34957

Enter new mailing address, if applicable:

C/O CARL C. LITTLE, CPA LLC

(Mailing address MAY BE A POST OFFICE BOX)

21 MAIN ST., SUITE #1

JAFFREY, NH 03452

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	ANDREW THOMAS	255 S ORANGE AVENUE SUITE 104 PMB2068	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COLTON FALGOUT	2620 20 MILE LEVEL ROAD	<input type="checkbox"/> Add
		LAND O'LAKES, FL 34639	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEYVISON LEMONS	815 BALL STREET	<input type="checkbox"/> Add
		GALVESTON, TX 77550	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)*

Company has moved the office location and has hired a company to handle accounting and financial matters.

Company is updating the mailing address to the accounting firm they have hired.

The accounting firm will be handling all tax filing requirements for the company.

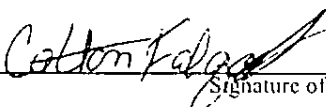
E. Effective date, if other than the date of filing: 11/07/2024 **(optional)**

(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 November 7, 2024


Signature of a member or authorized representative of a member

Colton Falgout

Typed or printed name of signee

COVER LETTER

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

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

C L A DISASTER RESTORATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 NOV 15 PM 4:5
NOT A PUBLIC STATE
FLORIDA

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Florida document number L24000434904.

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(Principal office address MUST BE A STREET ADDRESS)

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C/O CARL C. LITTLE, CPA LLC

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New Registered Office Address:

Enter Florida street address

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New Registered Agent's Signature, if changing Registered Agent:

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Dated November 7, 2024



Signature of a member or authorized representative of a member

Colton Falgout

Typed or printed name of signee