

M22000013272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

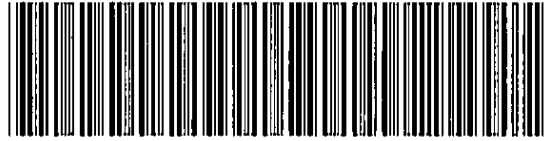
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 JUN -7 PM 1:31  
JUN -7 2023

2023 JUN -7 PM 1:50  
JUN -7 2023

JUN -8 2023

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/07/2023

Acc#I20160000072

*en: L DW*

Name:	Advanced Restoration, LLC
Document #:	
Order #:	14972941

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Restoration, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jared D. Berklee - Paralegal  
Name of Person

Ice Miller LLP  
Firm/Company

1500 Broadway, Suite 2900  
Address

New York, NY 10036  
City/State and Zip Code

Jared.Berklee@icemiller.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared D. Berklee at ( 212 ) 824-4975  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2023 JUN -7 PM 1:31

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Advanced Restoration, LLC

Enter new principal office address, if applicable: 3851 NW 124th Ave  
Coral Springs, FL 33065  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 3851 NW 124th Ave  
Coral Springs, FL 33065  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M22000013272

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/23/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

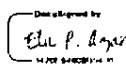
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Vice President of Operations</u>	<u>Robert Michael Griffin</u>	<u>928 Halstead Drive SW, Marietta, GA 30064</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>President</u>	<u>Elie P. Azar</u>	<u>501 Brickell Key Dr., Ste 104, Miami, FL 33131</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Judd Kohn</u>	<u>500 W. Madison St., Ste 1000, Chicago, IL 60661</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Kareem Mahmoud</u>	<u>515 Madison Avenue, 8th Fl, New York, NY 10022</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 Date signed by  
 Elie P. Azar  
 12/28/2020 10:11 AM

\_\_\_\_\_  
Signature of the authorized representative

Elie P. Azar

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**