

M24000010009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

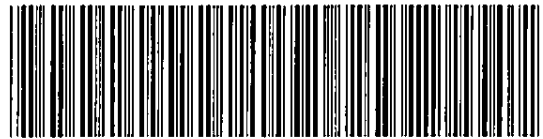
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/10/24--01010--010 \*\*30.00

2024 DEC 10 AM 11:19  
FILED  
101010

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restore America Partners, 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:

Angel Spikes

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Name of Person

Restore America Partners, LLC

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Firm/Company

PO Box 187  
\_\_\_\_\_  
Address

Jersey, Georgia 30018

---

City/State and Zip Code

angel@gorestoreamerica.com

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

For further information concerning this matter, please call:

Angel Spikes at ( 470 ) 205-7445

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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

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Restore America Partners, LLC

Enter new principal office address, if applicable: n/a

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M124000010009

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 08/02/2024

**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:

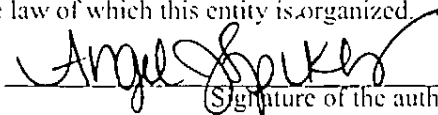
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	J. Ryan Thomason	2552 Merchant Ave, Odessa, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Ryan C Spikes	2552 Merchant Ave, Odessa, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Brandon A Pergantis	2552 Merchant Ave, Odessa, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input 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.

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

Angel J. Spikes

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

**Filing Fee: \$25.00**

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Amended Annual Registration

\*Electronically Filed\*

Secretary of State

Filing Date: 9/19/2024 3:23:47 PM

### BUSINESS INFORMATION

BUSINESS NAME : Restore America Partners, LLC  
CONTROL NUMBER : 23193952  
BUSINESS TYPE : Domestic Limited Liability Company  
FILING TYPE : Amended Annual Registration

### CURRENT INFORMATION ON FILE FOR PRINCIPAL ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 105 Main St, Jersey, GA, 30018, USA  
REGISTERED AGENT NAME : Angel J Spikes  
REGISTERED OFFICE ADDRESS : 864 S Cherokee Rd, Social Circle, GA, 30025, USA  
REGISTERED OFFICE COUNTY : Walton

### CHANGES TO THE ABOVE CURRENT INFORMATION ARE INDICATED BELOW

PRINCIPAL OFFICE ADDRESS : 137 Main St, Jersey, GA, 30018, USA  
REGISTERED AGENT NAME : Angel J Spikes  
REGISTERED OFFICE ADDRESS : 864 S Cherokee Rd, Social Circle, GA, 30025, USA  
REGISTERED OFFICE COUNTY : Walton

### AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Angel Spikes  
AUTHORIZER TITLE : Organizer