P0700076103

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2009

ROYCE E. CLAY RC PROPERTY RESTORATION SERVICES, INC. 3820 OAK AVE MIAMI, FL 33133

SUBJECT: RC PROPERTY RESTORATION SERVICES, INC.

Ref. Number: P07000076103

We have received your document for RC PROPERTY RESTORATION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000012112 - R.C. FLOORING "LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

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Letter Number: 809A00037335

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ME OF CORPORATION: RC Property Restoration Services, Inc		
DOCUMENT NU	MBER:	P07000076103	
The enclosed Artic	les of Amendment and	fee are submitted for filing.	
Please return all co	rrespondence concern	ng this matter to the following:	
		ROYCE E. CLAY	
		Name of Contact Person	
	RC Pr	operty Restoration Services, Inc.	
		Firm/ Company	
		3820 Oak Avenue	
·		Address	
		Miami, Florida 33133	
-		City/ State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For further informa	tion concerning this m	atter, please call:	
F	Royce E. Clay	at (305) 915-9627	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amo	ount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RO	PROPERTY	RESTORATION	SERVICES	INC,
(Name of Corporation as currently filed with the Florida Dept. of State)				
	P070000	76103		
/ID				

P0700007610	3		
(Document Number of Corpor	ation (if known)		
Pursuant to the provisions of section 607.1006, Florida Staramendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Profit</i>	Corporation adopts the fo	ollo
A. If amending name, enter the new name of the corporat	ion:		
REC Floo	oring. Inc.	The ne	?W
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," _"professional asso	'Corp," "Inc," or "Co".	or "incorporated" or the A professional corporation	he
B. Enter new principal office address, if applicable:	N/A	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		C 18 AM 10: 03	
		SEE O	「「し
C. Enter new mailing address, if applicable:		H FE S	C
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>N/A</u>		
		DA BE	
D. If amending the registered agent and/or registered office	ce address in Florida, en	ter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
New Registered Office Address: (Flo	orida street address)		
	,	roi (i	
(Cit	v) (Zi	, Florida ip Code)	
		£	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		e ohligations of the position	1
use appointment as registered agent. Tum jui	min and decept me	. conganions of the position	
Signature of No.	w Registered Agent, if cha		
Signature of the	" registered rigem, if em	*''6'''5	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: N/A (Attach additional sheets, if necessary) Type of Action Title Name Address ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendmer	nt(s) adoption: <u>11/</u>	/22/2009
Effective date <u>if applicable</u> :	44/00/0000	(date of adoption is required)
	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>)	ECK ONE)
The amendment(s) was/w by the shareholders was/v		shareholders. The number of votes cast for the amendment(spproval.
		e shareholders through voting groups. The following stateme group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amend	lment(s) was/were sufficient for approval
by	(voting group)	
	(voiing group)	
action was not required.		board of directors without shareholder action and shareholde incorporators without shareholder action and shareholder
Dated_11/. Signature_	. Trape ?	ent or other officer – if directors or officers have not been
	lected, by an incorpointed fiduciary by	orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
		Royce E. Clay
	(Тур	ed or printed name of person signing)
		President
	(Title of	person signing)