B000006369

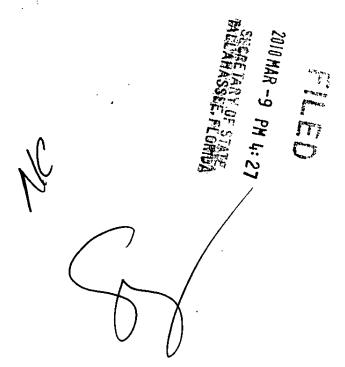
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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. (Business Entity Name)
(Document Number)
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3/9/1



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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>South Flor</u>	ich Brestoration Group Tor			
_	•			
DOCUMENT NUMBER: PØ8ØØØØ66	369			
The enclosed Articles of Amendment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Julio C. Esp. Name of	Contact Person			
Gooth Flortele Res	tosation Group, Sinc.			
8306 Mills Dr.	Soite 221			
Miani, FL City/State	53183-4838 Te and Zip Code			
E-mail address: (to be used for fu	ture adnual report notification)			
For further information concerning this matter, please call:				
Oulio C. Espinose a	at ()			
Enclosed is a check for the following amount made pa				
□\$43.75 Filing Fee & E Certificate of Status	\$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
	treet Address			
	Amendment Section			
	Division of Corporations Clifton Building			
	661 Executive Center Circle			

Tallahassee, FL 32301



January 14, 2010

JULIO C. ESPIROSA SOUTH FLORIDA RESTORATION GROUP, INC. 8306 MILLS DRIVE, SUITE 221 MIAMI, FL 33183-4838

SUBJECT: SOUTH FLORIDA RESTORATION GROUP, INC.

Ref. Number: P08000066369

We have received your document for SOUTH FLORIDA RESTORATION GROUP, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 510A00001111

2010 MAR -9 AM 8: 01

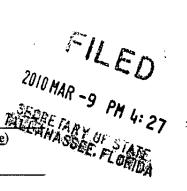
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	ORPORATION: South Florida Restoration Group Inc					
DOCUMENT NU	T NUMBER: P08000066369					
The enclosed Artic	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all co	orrespondence concerning t	his matter to the following:				
		Jacqueline Horta				
Name of Contact Person						
J Horta Accounting & Taxes Inc						
Firm/ Company						
6830 SW 159 Place						
Address						
Miami, FL 33193						
City/ State and Zip Code						
	jhori E-mail address: (to be u	tafl@bellsouth.net sed for future annual report notification)				
For further information	ation concerning this matte	r, please call:				
Ja	acqueline Horta	at (305) 387-2906				
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a chec	k for the following amount	made payable to the Florida Department of State:				
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



South Florida Restoration Group Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000066369

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:		orida Profit Corporation	adopts the follo
A. If amending name, enter the new name	of the corporation:		
South Florida Rest	toration & Water Extract	ion Inc	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc	," or "Co". A profession	rated" or the al corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.			
D. If amending the registered agent and/or new registered agent and/or the new reg		1 Florida, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		nd accept the obligations o	f the position.
	Signature of New Registered	d Agent, if changing	

7	- / . / \
The date of each amendment	
**************************************	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	3/2/10
Signature	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Julio C. Espinosa
	(Typed or printed name of person signing)
	President
	(Title of person signing)