Pa1000054725

(Requestor's N	lame)
(Address)	
(Address)	_
(City/State/Zip/	/Phone #)
PICK-UP WA	MAIL MAIL
(Business Enti	ity Name)
(Document Nu	mber)
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AUG 2: 7021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RESTORATION C	CONTROL OF BROWARD	O CORP
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOSE QUEVEDO		
		Name of Contact Persor	1
	RESTORATION CONTROL	OF BROWARD CORP	
		Firm/ Company	
	62 NORTH E 167TH ST#109	•	
		Address	
	MIAMI, FL 33162		
		City/ State and Zip Code	2
	JOQMOLINA@GMAIL.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (⁷⁸⁶	7507945
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	er the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303



July 25, 2021

JOSE QUEVEDO 62 NE 167TH ST #1091 MIAMI, FL 33162

SUBJECT: RESTORATION CONTROL OF BROWARD CORP

Ref. Number: P21000054725

We have received your document for RESTORATION CONTROL OF BROWARD CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 421A00017310

Articles of Amendment to Articles of Incorporation of

RESTORATION CONTROL OF BROWARD CORP

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(Name o	of Corporation as curren	itly filed with the Florida Dept. of	f State)	
P21000054725				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopt	ts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			77	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	Corp," "Inc," or "Co".	A professional corporation name	the abbreviation ' e-must-contain t	'Corp.,'' he_word
B. Enter new principal office address,	if annlicable:	62 Northeast 167th Street		
(Principal office address MUST BE A S	#1091			
		MIAMI, FL, 33162	7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		62 Northeast 167th Street		
		#1091	- · (0 11
		MIAMI. FL., 33162	٠.	
D. If amending the registered agent ar	nd/or registered office ac	Idress in Florida, enter the name	of the	. 26
new registered agent and/or the ne				
Name of New Registered Agent	JOSE QUEVEDO			
	62 Northeast 167th Stree	et , 1091.		
	(Florida	street address)		
New Registered Office Address:	MIAMI	. F1	33162 lorida	
		(City)	(Zip Cod	<u>'e)</u>
New Registered Agent's Signature, if c	hanging Dagistarad Aga	nt		
I hereby accept the appointment as regist			f the position.	
	0 0			
		uevedo		
	Signature of New	Registered Agent, if changing		
Check if applicable				

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:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	P	JOSE QUEVEDO)	62 Northeast 167th Street
Add				# 1091
Remove				MIAMI FL 33162
2) Change			·	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change				
Add				
Damous				

Attach <i>additioi</i>	r adding additional and sheets, if necessar	y). (Be specific)				
	·	15				
				· <u> </u>	<u>.</u>	
				<u> </u>		
f an amendm	ent provides for an c	xchange, reclassi	<u>fication, or cance</u>	llation of issued s	hares,	
provisions for	r implementing the a	imendment if not	contained in the	amendment itself	<u>!</u>	
(у посцур	olicable, indicate N/A	,				
				-		
						

-

The date of each amendment(s) adoption:	if other than the
08/01/2021	
Effective date if applicable:	more than 90 days after amendment file date)
(no	more man 90 days after amenament file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the state of th
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-	holders. The number of votes cast for the amendment(s) val.
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	eholders through voting groups. The following statement of entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval
by JOSE QUEVEDO	
(voting gr	oup)
08/01/2021	
Dated	
Signature	ord Quevedo
	or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court at fiduciary)
	Juse Guevedo
(Турес	or printed name of person signing)
	gresident.
(Title c	of person signing)