

LO6000057934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

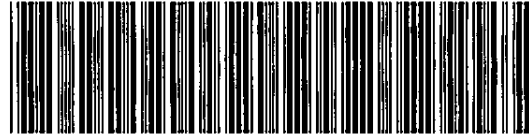
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT

2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2013

EDGARDO FOTI
356 SW 13TH AVE
POMPANO BEACH, FL 33069

SUBJECT: ASSURED STORM PROTECTION LLC
Ref. Number: L06000057934

We have received your document for ASSURED STORM PROTECTION LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00024193

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSURED STORM PROTECTION LLC
Name of Corporation

DOCUMENT NUMBER: L 06 000057934

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO FOTI
Name of Contact Person

ASSURED STORM PROTECTION LLC
Firm/Company

356 SW 13TH AVE
Address

POMPANO BEACH FL 33069
City/State and Zip Code

SBOMSER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN BOMSER at (954) 791-7997
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Assured Storm Protection, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/07/06 and assigned
Florida document number L06000057934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

356 SW 13th Ave
Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

356 SW 13th Ave
Pompano Beach, FL 33069

B. If amending the registered agent and/or registered office 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luigi Galascio	5900 SW 16 th Ct	☐ Add
		Plantation, FL 33317	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
			☐ Remove

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FBI
LABORATORY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 23, 2013.



Signature of a member or authorized representative of a member

Edgardo M. Foti

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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