## P13000013665

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Storm F	force Mitigation Consultants, In
DOCUMENT NUMBER: P13000013	6665
The enclosed Articles of Amendment and fee are su	obmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ando	Name of Contact Person
Storm Force	Mitigation Consultants, Inc
(A)	Address
<u> </u>	City/State and Zip Code
E-mail address: (to be u	sed for future annual report ubtilication)
For further information concerning this matter, plea	use call:
Andrew Forcucci Name of Contact Person	at ( <u>563</u> ) <u>581-5775</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)    S52.50 Filing Fee Certificate of Status
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 Articles of Incorporation of



24

(Name of Corporation as currently filed with the Florida Dept. of State)	
Storm Force Hitigation Consultants Inc T (Document Number of Corporation (if known)	Y THE TARY OF STATI
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopted its Articles of Incorporation:	the following amendment(s) to
A. Mamending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	ed" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u>îthe</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	the position.
Signature of New Registered Agent, if changing	
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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, Sully 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	Andrew Forcocc'i	601236M COUT East
Add			Ellerton, FL 34222
Remove			
2) Change	VS_	Emilee Voss	277 Dontrester Dr.
X Add			Verice, FL 34293
Remove			
3)Change	000	Patrick Hall	2756 Greendale Pl.
X Add			Sarasoka, FL 347232
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

( )	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
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The second secon	
f an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption: <u>CV-/20/2015</u>
Effective date if applicable: 07/01/2013  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 00/200/2013
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Citle of person signing)