

L04000079714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

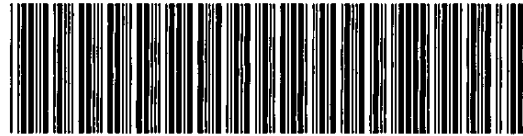
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL-STORM BUSTERS LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOE GALANG

(Name of Person)

ALL-STORM BUSTERS LLC

(Firm/Company)

2101 NW 33RD ST. SUITE 2600 A

(Address)

POMPANO BEACH, FL 33069-5907

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOE GALANG

(Name of Person)

at ( 954 ) 867-9000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

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

ALL-STORM BUSTERS LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 11/01/2004 and assigned document number L04000079714.

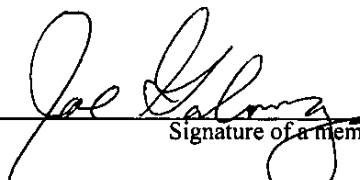
**SECOND:** This amendment is submitted to amend the following:

KURT HALL: CHANGE UNITS OWNED FORM 24 12 25

CARLOS R. MAYORGA CHANGE UNITS OWNED FROM 28 12 27

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 16, , 2006 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOE GALANG, MGR.  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
2006 JUN 28 P 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA