# LUGUUU 57934

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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

B. KOHR

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EXAMINER



F. . .

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04/23/12--01030--007 \*\*25.00

SHORE WITHOUT STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations	٠			
	THE TOTAL PROPERTY.			
Name of Limited Liability Company	9.77			
	<b>3</b> 8			
The enclosed Articles of Amendment and fee(s) are submitted for filing.	Ty ?			
Please return all correspondence concerning this matter to the following:	<b>₩</b>			
EDGARDO FOTI  Name of Person				
Name of Person				
ASSULED STORY PROTECTION				
Firm/Company				
3549 NW 10th Auc				
Address				
Oakland Park, Fl 33309				
City/State and Zip Code				
SBOMSKREDHOL COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
EDGARDO FOTI at 954, 881 6054				
Name of Person 3 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Sertificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  (additional copy is enclosed)	osed)			

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

ASSURED STORM PR	OTECTION LLC 3
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 6/7/06 and assigned
Florida document number 60000071547	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida

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:

Type of Action

MGR = Manager
MGRM = Managing Member

Title Name Address

MGR	MOGS, KENNETH 9448 PALESTRO ST LAKE WORTH, FL 23467	Add ⊠ Remove
MGI	R GALASCIO, LUIGI 1900 SW 16 CT PLANTATION, FL 33317	Add Remove
		Add Remove
_		Add Remove
		Add Remove 
		Add Remove
D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	2	_
		_
		_
Dated	× 4-19-12	_
	x CM Ste	
	Signature of a member or authorized representative of a member  Edgardo H. Foti	
	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00