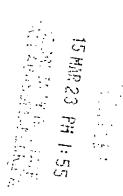
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J. SHAPES APR 15 7

COVER LETTER

TO: Registration So 'Division of Con	ection rporations		
ASSURI	ED STORM PROTECT	ION LLC	
SUBJECT:	Name of Lin	nited Liability Company	
		-	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning-this matter	r to the following:	
	EDGARDO M FOTI		,
		Name of Person	
	ASSURED STORM	PROTECTION LLC	
		Firm/Company	
	356 SW 13TH AVE	NUE	
		Address	
	POMPANO BEACH	I FL 33069	
		City/State and Zip Code	
	SBOMSER@AOL.C		
	E-mail address: (to be used for future annual report notification	ation)
For further information o	oncerning this matter, please c	all:	
EDGARDO M FOT	1	954 881-0654	
Name o	f Person		elephone Number
Enclosed is a check for th	ne 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

ASSURED STORM PROTECTION LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	is it now appears on our records.) ility Company)		-
The Articles of Organization for this Limited Liability Company we Florida document number L06000057934	re filed on 06-07-2006	and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or	he abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
-			
Enter new mailing address, if applicable:			Name of the last o
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered offic	e address on our records, <u>en</u>		
registered agent and/or the new registered office address here:		2 1100 C	
Name of New Registered Agent:			
New Registered Office Address:		To	* .
	Enter Florida street address	1.	

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	GRAZIANO FERRARI	20821 SONETO DRIVE BOOK RATION	i,F ■ Add
		BOCARATON FL 33433	Remove
MGR	GRAZIANO FERLANI	BOCA RATON FL 33433	 □ Add
		BOCA RATON FL 33433	™ Remove
			
			□ Remove
			□ Add
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Page 3 of 3

Filing Fee: \$25.00