

126000097615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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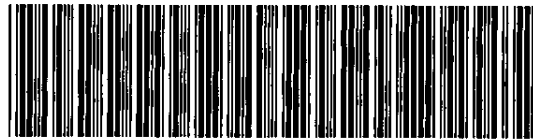
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR - 8 AM 8:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Wave Hurricane Protection, 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:

Mike Gualtieri

(Name of Person)

New Wave Hurricane Protection, LLC

(Firm/Company)

1504 Bay Road, Suite 2501

(Address)

Miami, Florida 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Gualtieri

(Name of Person)

at (954) 540-2710

(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**

New Wave Hurricane Protection, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/5/2006 and assigned document number L06000097615.

SECOND: This amendment is submitted to amend the following:

Change Mailing Address to:

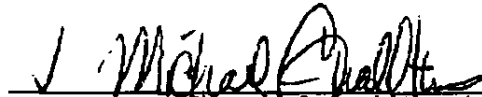
1504 Bay Road, Suite 2501, Miami Beach, Florida 33139

Changes Registered Agent to:

Micheal P. Gualtieri

1504 Bay Road, Suite 2501, Miami Beach, Florida 33139

Dated January 30, 2007



Signature of a member or authorized representative of a member

Michael P. Gualtieri - Manager

Typed or printed name of signee

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DIVISION OF CORPORATIONS

Filing Fee: \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: New Wave Hurricane Protection, LLC

2. The mailing address of the limited liability company is : 1504 Bay Road, Suite 2501

Miami, Florida 33139

10/5/2006

L06000097615

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Larry S. Tolchinsky

Name

2100 E. Hallandale Beach Blvd., Suite 200

Address

Hallandale Beach, Florida 33009

City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael P. Gualtieri

Name

1504 Bay Road, Suite 2501

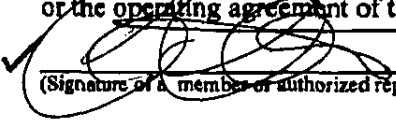
Florida street address (P.O. Box NOT acceptable)

Miami Beach

FL 33139

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Cesar Castellanos - Manager

(Printed or typed name of signer)

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.


(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18 (8/05)

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DIVISION OF CORPORATIONS
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