## L07000041080

(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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06/04/07--01038--017 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Co	orporations		
SUBJECT: New V	/ave Hurricane Protec	etion, LLC	
	(Name of Li	mited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
Troub rotatil air corres	pondonos consonnig uno mate.	to the tonowing.	
<b>N</b>	∕like Gualtieri		
_	. (	Name of Person)	<del></del>
١	New Wave Hurricane	Protection II, LLC	
		(Firm/Company)	
1	504 Bay Road, Suit	te 2501	
_		(Address)	
N	Miami, Florida 3313	9	
_		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Mike Gua	altieri	at ( 954 ) 540-2	2710
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

140	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on 4/17/2007 document number L07000041080	and assigned		
SECOND:	This amendment is submitted to amend the following:			
	Change Company Name to:			_
	NEW WAVE HURRICANE PROTECTION II, LLC			
				_
				_
				_
				_
				_
		<u> </u>		_
Dated Ju	ne 1st , 2007 .			_
	Signature of a member of authorized representative of a mem	har	SEU	7,007
		ioer	RETA AHAS	1
Cesar Castellanos - Manager			3S: Ys:	ŧ

Filing Fee: \$25.00

Typed or printed name of signee