(Requestor's Name)	
(Address)	
(Address)	
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(Business Entity Name)	
(Document Number)	<u>,</u>
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT:		RICANE PROTECTION L	LC				
	s of Amendment and fee(s) are su	_					
	Lincoln T Sziranko Name of Person						
TAMPA BAY HURRICANE PROTECTION LLC Firm/Company							
	2511 W Columbus Dr Address						
Tampa, FL 33607 City/State and Zip Code							
For further information	Lincol E-mail address: on concerning this matter, please	Ins@big10contractors.com (to be used for future annual report notific call:	ation)				
	incoln Sziranko ne of Person	at (<u>813</u>) 6	699-4150 Telephone Number				
	or the 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)				
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAIVIPA DAT TURRICAN	EPROIEC	HOW LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>/ as it now appear</u> bility Company)	s on our records.	
(11101100 21111100 211	ompany)		
The Articles of Organization for this Limited Liability Company w	vere filed on	07/01/2009	and assigned
Florida document numberL0900063798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here	<u>:</u> :	
,		-	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," 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)			
Intuiting undress MAT BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered office	ra address on o	ur records enter	the name of the new
registered agent and/or the new registered office address here:	te address on t	ui iccoias, <u>ciici</u>	the name of the new
Name of New Registered Agent:			Šs -
Thank of New Registered Figure.			
New Registered Office Address:		Pl : 1	
	Ent	er Florida street add	ress
* 		, Florida	TO TO
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			- 5. - 5.

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 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:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> **MGRM** Lincoln Sziranko 13785 Walsingham Road #105 **✓** Add Largo, FL 33785 Remove ☐ Add Remove 13785 Walsingham rd #105 Largo, FL 33774 Big 10 Group LLC ___ Add √ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15th 2010 Dated . Signature of a member or authorized representative of a member Lincoln T Sziranko Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00