## L110000041732

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(Address)			
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(Business Entity Name)			
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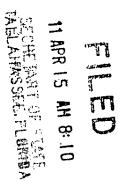


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J. BRYAN

APR 15 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Storm Construction, 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:	<i>r</i> .
Kenneth A. Wiggins, Esy.	TILED THE TO ME STO
Firm/Company	1 0 O
1001 3rd Ave.w., Ste. 430	6
Bradenton, FL 34205 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James Barry Moffatt at (941) 730 - 3465  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is	

MAILING ADDRESS:

TO:

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

110

Carolia dia

(Name of the Limited Liabili	ty Company as it now appears on a Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	/
The Articles of Organization for this Limited Liability	Company were filed on <u>Qori</u>	7,2011 and assigned
Florida document number <u>LI10000 41732</u>	<u>.                                    </u>	10 mg
		5 7
This amendment is submitted to amend the following:		\$ 3 O
A. If amending name, enter the new name of the lir	nited liability company here:	
<del>-</del> <del></del>	N/A	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	•	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regi	stered office address on our r	ecords, enter the name of the new
registered agent and/or the new registered office ad-		ceords, enter the name of the new
	.1.	
Name of New Registered Agent:	NJA	
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SL.

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:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Name 1 **Address** Cancil E. Wilson, III MGRM 2100 Doub Street □ Add Remove Michelle Wiggins marm ☐ Add Remove  $\square$  Add ☐ Remove Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13 Signature of a member authorized representative of a member Barry Moffatt
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00