## L12000099009

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
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SECRETARY OF STATE
AND ASSECT FLORIDATION

J. BRYAN

NOV 1 9 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations

Impact Storm 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:

Ian T. Holmes

Name of Person

Holmes Kurnik, P.A.

Firm/Company

1575 Pine Ridge Road, Suite 10

Address

Naples, Florida 34109

City/State and Zip Code

iholmes@holmeskurnik.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian T. Holmes

<sub>,</sub>239、449-4475

Name of Person

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

Impact Storm Protection, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/01/2012 and assigned Florida document number <u>L12000099009</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> Harry L. Kinchey 2312 Longboat Drive **MGRM** Naples, FL 34104 Remove Remove Remove

D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
<sub>ated</sub> No	ovember 13
	lan
	Signature of a member or authorized representative of a member
	lan T. Holmes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

