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2011 JUL 21 AM II: 20 SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor						
		SE HURRICANE PROTECTI	ON LLC				
SUBJEC	T:	Name of Lim	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		CAMILO DIAZ					
			Name of Person				
		DIAZ INVESTEMENTS.	LLC				
Firm/Company							
14370 SW 205th AVENUE							
Address							
		MIAMI, FL 33196-2132					
			Address FL 33196-2132 City/State and Zip Code				
		CDIAZ@STORMWISESH	UTTERS.COM to be used for future annual report noti	itiestion)			
For furthe	er information c	oncerning this matter, please of	•	incurion,			
CAMILO	DIAZ		786 306-6466				
	Name o	f Person	at ()	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 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)			
			!				
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 21 AM 11: 20

ALL AHASSEE, FLORID,

STORMWISE HURRICANE 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 Florida document number L13000038938.	l e e e e e e e e e e e e e e e e e e e			
	1			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_		
Enter new principal offices address, if applicable:	14370 SW 205th AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33196-2132			
		_		
Enter new mailing address, if applicable:	14370 SW 205th AVENUE			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33196-2132			
registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the</u> :	е пем		
registered agent and/or the new registered office address her Name of New Registered Agent:		е пем		
registered agent and/or the new registered office address her		<u>е лем</u>		
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address	<u>е пе</u>		
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	<u>е пе</u>		
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address Florida City Zip Code	<u>е лем</u> —		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action CAMILO DIAZ 14370 SW 205th AVENUE MGR **■** Add MIAMI, FL 33196-2132 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ≓ 2 ∃O Change 20 Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be pro- k does not meet the app	licable statutory fil	more than 90 days after	ional) er filing.) Pursuant to 605.0207 (is date will not be listed as t
e record specifies a delayed e The 90th day after the recor		not an effective	time, at 12:01	a.m. on the earlier of:
Dated	2017			
Dated JULY 19th	gnature of a member of a	uthorized representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00