# 2/3000089795

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Storm Shield Windows & Shutters, 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:

# Laudelino Solano

Name of Person

Storm Shield Windows & Shutters, LLC.

Firm/Company

950 NW 22 AVE

Address

Miami, FL. 33125

City/State and Zip Code

laudelinosolano@gmail.com

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

For further information concerning this matter, please call:

# Laudelino Solano

<sub>,</sub>786<sub>、</sub>445-9070

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**

Storm Shield Wi ( <u>Name of the Limited Liability C</u> (A Florida Lir			rds.)	_			
The Articles of Organization for this Limited Liability Company were filed on 06/21/2013  Florida document number L13000089795					and assigned		
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limite	ed liability compa	ny here:					
The new name must be distinguishable and end with the words "L.L.C."	S "Limited Liability	Company," the design	nation "LLC" or th	he abbro	eviation		
Enter new principal offices address, if applicable:	950 NV	950 NW 22 AVE					
(Principal office address MUST BE A STREET ADDRE	(SS) Miami,	FL. 33125	্লপ্ৰ কম্ম	28			
Enter new mailing address, if applicable:	950 NV	V 22 AVE	E ARRES	13 AHS 19			
(Mailing address MAY BE A POST OFFICE BOX)	Miami,	FL. 33125	7714 7714 77 CA				
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		s on our records,	enter the name	ယ	e new		
Name of New Registered Agent: Manua	el A Jara						
New Registered Office Address: 6467 S	6467 SW 16 ST						
	Enter Florida street address						
Miami		, Flo	<sub>rida</sub> 33155				
	City		Zip C	ode			
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.

If Changing Registered Agent, Signature of New Registered Agent

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> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_
Dated_	08/13/12013
	Signature of a member or authorized representative of a member
	Laudelino Solano
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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