

L15000022685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 JAN 26 A 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORM TECH MANAGEMENT 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:

PATRICIA HAGEDORN

Name of Person

HAGEDORN BUSINESS SERVICES, INC.

Firm/Company

P.O. BOX 221615

Address

WEST PALM BEACH, FL 33422

City/State and Zip Code

trish@hagedornbs.com

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

For further information concerning this matter, please call:

PATRICIA HAGEDORN

561 686-0668
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STORM TECH MANAGEMENT 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 JANUARY 26, 2015 and assigned Florida document number L15000022685.

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 contain 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) _____

P.O. BOX 221615

WEST PALM BEACH, FL 33422

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:

PATRICIA HAGEDORN

New Registered Office Address:

1951-D N MILITARY TRAIL

Enter Florida street address

WEST PALM BEACH

City

_____, Florida

RECEIVED
JAN 26 2015
TALLAHASSEE
FLORIDA
3409

Zip Code

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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 605, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATRICIA HAGEDORN	1951-D N MILITARY TRAIL	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK PRINCEVALLE	1951-D N MILITARY TRAIL	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2017 JUN 26 A 7:40
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 1/20/, 2017

haverdave
Signature of a member or authorized representative of a member

MARK PRINCEVALLE

Typed or printed name of signee