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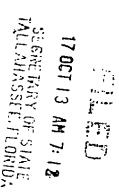
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## **COVER LETTER**

TO:	Reg Divi	istration Se ision of Corp	ction porations		
SUBJEC	<b>T</b> :	StormHelpP	ro. LLC		
			Name of I	imited Liability Company	
The encle	sed	Articles of A	mendment and fee(s) are s	ubmitted for filing.	
Please ret	WN a	ill correspon	dence concerning this matt	er to the following:	
			Richard Brooks		
				Name of Person	
			St. Augustine Law Group	)	
				Firm/Company	
			320 High Tide Dr., Suite	101	
				Address	
			St. Augustine, FL 32080		
			-	City/State and Zip Code	
		-	ichard@staugustinelawgro	up.com	
			E-mail address: (	to be used for future annual r	eport notification)
For further i	nfor	mation conce	erning this matter, please ca	all:	,
St. Augustir	e La	ıw Group		904 325.	-9863
Name of Person		at () Area Code	Daytime Telephone Number		
Enclosed is a	che	ck for the fol	lowing amount:		
□ \$25.00 F	iling	Fee <u>pa</u>	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Ceriforn CC

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**

StormHelpPro, LLC			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia			
Florida document number L17000052011			and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company " the designation of LC"	
Enter new principal offices address, if applicab	de:	13650 West Colonial Dr.	e abbreviation "L.L.C."
(Principal office address MUST BE A STREET.	ADDRESS)	Suite 190	
		Winter Garden, FL 34787	
Enter new mailing address, if applicable:		555 N. Mill St.	
(Mailing address MAY BE A POST OFFICE BO	<u> 220</u>	Aspen, CO 81611	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ce address on our records, ente	er the name of the new
Name of New Registered Agent:	Richard Brooks		OCT OCT
New Registered Office Address:	20 High Tide Dr.	<del></del>	SST 3
<u>s</u>	t. Augustine	Enter Florido street address Florida 3	12086
New Registered Agent's Signature, if changing Regis	tered Agent:	City Piorida -	Zip Code

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 =	<b>Authorized Membe</b>

<u>Title</u>	Name	Address	Type of Action
MGR	PCJ Enterprises, LLC	884 S. Duncan Dr.	
		Tavares, FL, 34778	
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			□ Remove
			Change
			O Add
			Remove
			□ Change
			☐ Remove
			C Change
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ective date, if other than the date of filing: October 10, 2017		
te: If the date inserted in this block down and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 60	05.0
te: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ory filing requirements, this date will not be lis	sted
record specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl	ior
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d 10-10.		
, 2011		
N /		
- $MMJ$		
Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Filing Fee: \$25.00