# 117000198513

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	)
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## **COVER LETTER**

Div	ision of Corp	porations	•	
SUBJECT:		roducts of Florida, LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		David J. Autore		
			Name of Person	
		National Concrete Polishin	g Company	V/
Firm/Company				· · · · · · · · · · · · · · · · · · ·
2200 NW 32nd St. Stc 600				
			Address	
		Pompano Beach, FL 33069	r	
			City/State and Zip Code	<del></del>
		davidacpa@aol.com	to be used for future annual report notifica	
			·	tion)
For further in	nformation co	oncerning this matter, please ca	ill:	
David J. Aut	ore		954 418-3800 x 300	
	Name of	Person	at () Area Code	elephone Number
Enclosed is a	check for the	e following amount:		
■ S25.00 F	iling 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:

TO:

Registration Section

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

Hurricane Products of Florida, LLC	,	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000198513	mpany were filed on 09/25/2017	and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	<del></del>
		<b>36</b> 17.5
		AY OR
Enter new mailing address, if applicable:		5 9AF
Mailing address MAY BE A POST OFFICE BOX)		OR OR
		OR S
B. If amending the registered agent and/or registe	ered office address on our records, ent	er the name of the nev
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code

#### 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>	Address	Type of Action
MGR	Alexander Makenian	1590 SW 4th Cir	□ Add
		Boca Raton, FL 33486	<b>≅</b> Remove
			□ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
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			□ Remove
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an effe	e date, if other than the date of filing:	int to 60	05.020° sted a:
	nt's effective date on the Department of State's records.		
e rece	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e ear	lier o
	Oth day after the record is filed.		
ated _	1ay 3 2018		
aicu _	(X/) ·		
	(N)		

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Filing Fee: \$25.00