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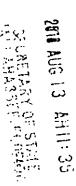
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M. MILLIGAN AUG 28 2018

COVER LETTER

Divisi	on of Corporatio	ns				
SUBJECT: _	ASSURED	STORM W	JINDOW imited Liability Co	WEST	FLORID	A LLC
		(vaine of E	mined islanting ex	oni _i miy		
The enclosed A	articles of Amenda	nent and fee(s) are si	ubmitted for filir	ıg.		
Please return al	I correspondence	concerning this matte	er to the followi	ng:		
		\mathbb{R}	oss fir	tell		
			Name of	rerson		
			Firm/Co	ompany		
		-	319 SW	134	- Due	•
		_	Addi	ress		
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		Kim@ E-mail address	assure	-	eport notificati	on) Com
For further info	ormation concernit	ng this matter, please				
<u> </u>	Breigh	iner	at (154,	399 - 8	O ephone Number
	Name of Ceson		, uc	a couc	Dayimic Tel	cpitolic radioci
Enclosed is a cl	heck for the folloy	ying amount:				
□ \$25.00 Fili		0.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy nal 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

Assured S (Name of the Limited	HORM W Liability Compan Florida Limited Li	y as it now appears	Vest Flori	DA LIC
The Articles of Organization for this Limited Liab Florida document number <u>L1800013607</u>		were filed on	May 31,201	8 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the Assured Storm Protection. The new name must be distinguishable and contain the word. Enter new principal offices address, if applicab	on West	FL. LLC	signation "LLC" or the ab	breviation: LAL C. "C?
(Principal office address MUST BE A STREET)				F 52
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	Same o	is Is	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>enter</u>	the name of the new
Name of New Registered Agent: New Registered Office Address:	Same San	Enter Floric	la street address	
	Jan	City	, Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	49/	
Effectiv	re date, if other than the date of filing: 68/08/2018 (optional) ctive 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.	020 7 (3)
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d as the
aocume	nt's effective date on the Department of State's records.	
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:
The	90th day after the record is filed. Λ	
Dated _	Hugust 8 2018	
Dated _	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		~2
		ZETNI AUG
	Koss Firtell	

Page 3 of 3

Filing Fee: \$25.00