

h20000227509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

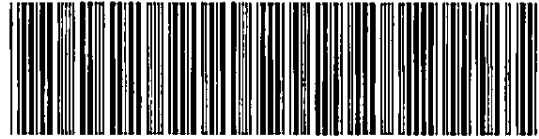
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

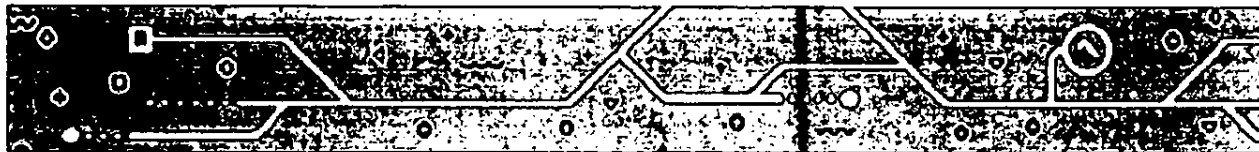
Office Use Only



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*JA*



# zenbusiness

Sep 2, 2021

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St Suite 810  
Tallahassee, FL 32303

RE: **Storm One Claims LLC**

To Whom It May Concern:

Attached please find the executed **CERTIFICATE OF AMENDMENT** for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Jenny Countz**  
**5511 Parkerest Dr., Suite 207**  
**Austin Tx 78731**

If you have any questions, please feel free to contact me at 844-493-6249 or at [fulfillment@zenbusiness.com](mailto:fulfillment@zenbusiness.com).

Thank you.

Jenny Countz  
ZenBusiness Customer Success

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Storm One Claims 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:

Jenny Countz  
Name of Person  
ZenBusiness Inc  
Firm/Company  
5511 Parkerest Dr., Suite 207  
Address  
Austin, TX 78731  
City/State and Zip Code  
fulfillment@zenbusiness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Countz 844 493-6249  
at ( )  
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 One Claims 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 07/30/2020 and assigned  
Florida document number 120000227509

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)**

2031 Global Ct

Sarasota, FL 34240

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2031 Global Ct

Sarasota, FL 34240

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Trevor Back	4541 Crystal Rd	<input type="checkbox"/> Add
		Venice, FL 34293	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alex Back	6231 Sawyer Loop Rd	<input type="checkbox"/> Add
		Apt 203	<input type="checkbox"/> Remove
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Filing Fee: \$25.00**