

11/3/22, 2:29 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RLOPS@PARASEC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STORM RELIEF PRO LLC**

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Corporate Filing Menu

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K. SALY

NOV - 4 2022

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2022 NOV - 3 PM 3:14

2022 NOV - 3 PM 3:14
ALLAHASSEE, FL 32007

2022 NOV - 3 PM 4:34

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 NOV -3 PM 3:14
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

Storm Relief Pro 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 09/27/2022 and assigned
Florida document number L22000419734

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)

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, P.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	Jonathan Green	920 Eastview drive	<input checked="" type="checkbox"/> Add
		Grenada Mississippi 38901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juvenal Ramirez jr	1011 broadway st #544	<input checked="" type="checkbox"/> Add
		San Antonio, TX 78215	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 3 2022
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3:14

Shane M. Cillis
Typed or printed name of signer