

L23000007451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

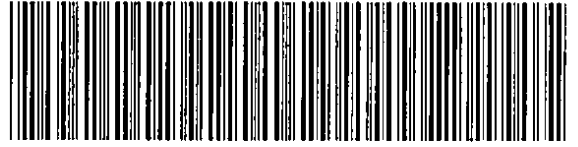
(Business Entity Name)

(Document Number)

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06/16/23--01021--019 **30.00

2023 JUN 15 PM 2:50

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Assured Storm Protection, 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:

Jake Manousos
Name of Person

Assured Storm Protection, LLC
Firm/Company

314 SW 13th Ave
Address

Pompano Beach, FL, 33069
City/State and Zip Code

jmanousos@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake Manousos at (954) 304-7901
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

03 JUN 15 11:03:50

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 01/03/2023 and assigned Florida document number L23000007451.

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)

314 SW 13th Ave
Pompano Beach, FL
33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

314 SW 13th Ave
Pompano Beach, FL
33064

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: _____

314 SW 13th Ave
Enter Florida street address
Pompano Beach, Florida 33064
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>
<u>CEO</u>	<u>Paul Mancuso</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u>17265 Lake Park Rd, Boca Raton, FL 33487</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Edgardo M Feli</u>	<u>1421 17th Street, Boca Raton, FL, 33486</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Please update the EIN number to 38-4259779 on the LLC profile (see EIN document attached)
- Please update the "Principal Address" AND "Mailing Address" on the LLC profile to: 319 SW 13th Ave, Pompano Beach, FL 33069
- Please update the Registered Agent address to: 319 SW 13th Ave, Pompano Beach, FL, 33069
- Please for "Authorized Person" Paul Manoussos, update his address to: 17265 Lake Park Rd, Boca Raton, FL, 33487
- Please add an authorized person named "Edgardo M Fati" Title: MGRM. Address: 1421 17th Street, Boca Raton, FL, 33486

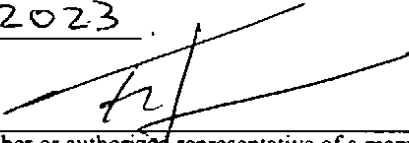
E. Effective date, if other than the date of filing: 01/01/2023 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 9, 2023



Signature of a member or authorized representative of a member

Paul Manoussos

Typed or printed name of signer