Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 321 STORM DEFENSE LLC

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M. SOLOMON

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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: 321 STO	DRM DEFENSE LLC				
50000001	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	-			
	JANINE MITCHELL			_	
		Name of Person			
	CONTRACTORS R	EPORTING SERVICE INC	<u> </u>	_	
		Firm/Company			
	23110 SR 54, PMB			_ s 2	
		Address		2024 OCT 18 SEGAR TAN	وه چودهای
	LUTZ, FL 33549				
	info@activatemylice	City/State and Zip Code		SO ·	
	info@activatemylice E-mail address: (to be used for future annual report not	ification)	PM 3: 00 of STATE see, FL	O
For further information c	oncerning this matter, please c	all:		ATE 00:	
JANINE MITCHEL	L	813 932-524	4		
Name o	f Person	Area Code Daytin	ic Telephone Number	r	
Enclosed is a cheek for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ne of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

321 STORM DEFENSE LLC (Name of the Limited Liability Compa (A Florida Limited Liability Compa	iny as it now appears on o Liability Company)	ar records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000091072</u> .	4	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbrev	riation "L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>ده</u>	202	
		<u> </u>	<u> </u>	
Enter new mailing address, if applicable:		• • • • • • • • • • • • • • • • • • •		
		<u> </u>	œ <u> </u>	
	submitted to amend the following: Ime, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." al offices address, if applicable: Idress MUST BE A STREET ADDRESS) address, if applicable: MAY BE A POST OFFICE BOX) c registered agent and/or registered office address on our records, enter the name of the new registere ew registered office address here: Sew Registered Agent: Enter Florida street address	_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		, , , ,	00	*****
	address on our record	s. enter the name of	the new regis	terec
agent and/or the new registered office address here:				
Name of New Registered Agent:				-
New Registered Office Address:			<u> </u>	_
	Enter Florida str	et address		
			7' . C - d -	_
	City	•	ир Соас	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my de provided for in Chapte	uties, and I am fam er 605, F.S. Or, if t	iliar with and his document i	

If Changing Registered Agent, Signature of New Registered Agent

Page: 5 of 6

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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	FRED DICKIE	1425 CHAFFEE DR UNIT 3	
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From: Janine Mitchell

									
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ecord specifies a is filed.	delayed effective date, but no	ot an effe	ctive time.	at 12:01 a.:	m, on the ea	rlier of: (b)	The 90th	day after	the
	10/16/2024	_ `	.— DocuSig						
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