## 219000049809

(F	Requestor's Name)	. <u> </u>
(A	ddress)	
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(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(0	Ocument Number)	
Certified Copies	Certificates	of Status
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2020 SEP 14 PH 2: 11

US 10/25/20

## **COVER LETTER**

то:	Registration of	on Section Corporations		
OUD III		a Foam Express LLC	Þ	
SUBJEC	J1:	Name of L	Limited Liability Company	
The encl	osed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please re	turn all con	respondence concerning this matt	ter to the following:	
		Nicolas F Bustillo-Vida	ıI	
			Name of Person	
		Fiorida Foam Express I	.l.C	
		<del></del>	Firm/Company	
		3710 NE 47th PI		020 5
			Address	
		Ocala, FL 34479		
		info@ocalaarchitecturalf	City/State and Zip Code foam.com	2023 SEP 14 PH 2: 11
		E-mail addres	s: (to be used for future annual report notification)	<u> </u>
For furth	er informat	ion concerning this matter, please	e call:	
Nicolas	Bustillo		352 414-5393 at ()	
	Na	ime of Person	Area Code Daytime Telephone N	Sumber
Enclosed	l is a check	for the following amount:		
■ \$25.	00 Filing Fe	ee   S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Ac		Street Address: Registration Section	
Registration Section Division of Corporations		of Corporations	Division of Corporations	
	P.O. Box		The Centre of Tallahassee	
Tallahassee, FL 32314		ee, FL 32314	2415 N. Monroe Street, St	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L19000049809}{L19000049809}$ .	filed on 2-20-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
Ocala Architectural Foam LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	impany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	26
	200
Enter new mailing address, if applicable:	in the second se
Mailing address MAY BE A POST OFFICE BOX)	
	C: 2:
	Ţ. –
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	2000
•	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Florida Form Eypress LLC

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:

	ed from our records:  Manager		
AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change SEP □ Add
			P Add →
			□ Remove
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ective date, if other than the date of filing:	rior to date of filing o	r more than 90 days a	otional) fler filing.)	Pursuant to 605.03
te: If the date inserted in this block does not meet the appropriate the date on the Department of State's reco	plicable statutory fi			
ecord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.i	n, on the earlier of	(b) The	e 90th day after t
September 10th 2020	1			
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Signature of a/member or a	ut orized representat	ive of a member		

Filing Fee: \$25.00