

LO7000100166

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(Address)

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16 MAR -4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sawyer's Mechanical Insulation Technology, 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:

Richard Sawyer

Name of Person

Sawyer's MIT, LLC

Firm/Company

2570 Enterprise Rd STE108

Address

Orange City, FL 32763

City/State and Zip Code

rsawyer3@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Sawyer

Name of Person

at (386)

Area Code

532-6963

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**

Sawyer's Mechanical Insulation & Technology, 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 10-1-2007 and assigned Florida document number 207000100166

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mechanical Insulation & Technologies, LLC

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)

N/A	SECRETARY OF STATE TALLAHASSEE, FLORIDA	15 MAR -4 PM 4:20	FILED
N/A			

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:

N/A

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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 3-1, 2016.

Richard C. Stanger
Signature of a member or authorized representative of a member

RICHARD C SAWYER
Typed or printed name of signer

FILED
16 MAR -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Department of the Treasury
Internal Revenue Service**

Date: 11/27/2007

**Taxpayer Identification Number
02-0813995**

To **NAME** **Richard Sawyer**
 DBA Mechanical Insulation & Technologies LLC

ADDRESS **2578 Enterprise Road, Suite 108**
 Orange City, FL 32763

PHONE NO **386-532-6963**

FAX NO **386-532-6973**

FROM **NAME** **Craig V. Russell**
 IRS Covington KY 41011

PHONE NO

FAX NO **859-669-2822**

FYI:

We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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