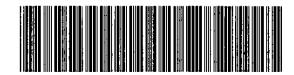
# 0900068933

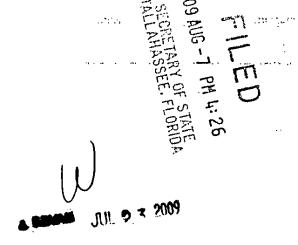
(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
· (Do	ocument Number)
3Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



300158532673

300158532673 07/22/09--01028--012 \*\*\$5.00



J. BRYAN
AUG 1 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	ermul Pro I Næme of Limi	NSUIATION & Scafted Liability Company	fold, LLC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laur	A. Walker Name of Person	
	Thermal	Pro Insulation &	Scatbold, LLC.
	5236 Engl	15h DR. Address	
	1	City/State and Zip Code  D. +he(mal Oro - LV)  To be used for future annual report notificat	
For further information of	concerning this matter, please of	·	To F
LÜUYA Name c	A-, Walker	at ( <u>SV3) SOS - V3</u> Area Code & Daytime T	237 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 Filing/Ree/&: Certificate/of/Status	\$55:00:FilingiFee & CCertified(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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2009

LAURA A. WALKER THERMAL PRO INSULATION & SCAFFOLD, LLC 5236 ENGLISH DR. LAKELAND, FL 33813

SUBJECT: THERMAL PRO INSULATION & SCAFFOLD, LLC

Ref. Number: L09000068933

We have received your document for THERMAL PRO INSULATION & SCAFFOLD, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 109A00025335

Joey Bryan Regulatory Specialist II NIG 7 PH 4: 26

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thermal Pro Insulation & Scaffold, 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 Liabi		and assigned
Florida document number	<u>\$9.3</u> 3	O9 AUG -7 PM 4: 3
This amendment is submitted to amend the following	ng:	ASSET P
A. If amending name, enter the new mame of the	limited liability company here:	79 = 1
Thermal Pro Insulation The new name must be distinguishable and end with the	Services LLC.	7. S. S. 7.
"L.L.C."	e words "Limited Liability Company," ti	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered/officen		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	•	
<del></del>	Enter Flo	rida street address
<u> </u>		_, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Manager aging Member being added or removed from our records:

<u> itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
	·		Add Remove
	·	ን የ የ ን	Add Add
D. If amen	ding any other information, enter change		ARY OF STATE
_			
  Dated			<del>_</del>
Dated	Jana M.		

-Page 2 of 2

Filing Fee: \$25.00