

L09000116648

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10 JAN - 6 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN - 7 2009

EXAMINER



Daniel insulation, Inc.

HEADQUARTERS: 12950 Daniel Dr., Clearwater, FL 33762
P. O. Box 830, Pinellas Park, FL 33780

PINELLAS
727-572-8990

MANATEE/SARASOTA
941-708-5247

HILLSBOROUGH
813-223-5094

1-800-662-0898



Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Re: Daniel Insulation, Inc., a Florida Corporation

Dear Sir or Madam:

Please be advised that I am the President of Thomas D, Inc., formerly known as Daniel Insulation, Inc., a Florida Corporation. As you can see, the name was recently changed. This letter is authorization to you for WES, LLC, a Florida Limited Liability Company, to change its name to Daniel Insulation, LLC.

Thank you for your courtesy and attention in this matter. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

THOMAS D, INC., a Florida Corporation


Thomas Daniel, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WES L.L.C.
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:

WAYNE SULLIVAN
Name of Person

DANIEL INSULATION, LLC
Firm/Company

P.O. BOX 3395
Address

NEW BERN, NC 28564
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WAYNE SULLIVAN at (508) 776-9379
Name of Person Area Code & 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**

WES L.L.C.

(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 12/08/2009 and assigned
Florida document number L09000116648.

This amendment is submitted to amend the following:

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

DANIEL INSULATION, L.L.C.

The new name must be distinguishable and end with 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)

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TALLAHASSEE, FLORIDA

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:

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 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 Managing Member being added or removed from our records:

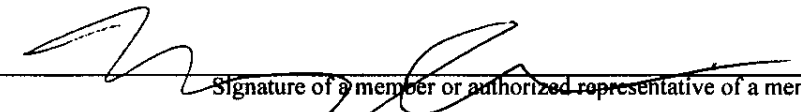
MGR = Manager
MGRM = Managing Member

<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"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated December 31, 2009



 Signature of a member or authorized representative of a member
WAYNE SULLIVAN, Managing Member

 Typed or printed name of signee