

L15000112323

(Requestor's Name)

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(Business Entity Name)

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DEC 10 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Super Shield Foam Insulation, 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:

Steven Chamberland
Name of Person

Super Shield Foam Insulation LLC
Firm/Company

14023 Joel Ct
Address

Largo, FL 33774
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven Chamberland at (727) 277 2252
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**

Super Shield Foam Insulation 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 6/29/2015 and assigned Florida document number L15000112323.

This amendment is submitted to amend the following:

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

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)

14023 Joe/ Ct	TALAMON, PAUL D. S. ATT TALAMON, PAUL D. S. ATT TALAMON, PAUL D. S. ATT	2015 DEC - 9 PM 1:28	FILED
Largo FL 33774			
14023 Joe/ Ct			
Largo FL 33774			

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:

14023 Joe/ Ct

Enter Florida street address

Largo FL

City

, Florida

33774

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


Title	Name	Address	Type of Action
MGR	Anthony Marzano	14023 Joel Ct	<input type="checkbox"/> Add
		Largo, FL 33774	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph D. Gomez	1515 Bates St	<input checked="" type="checkbox"/> Add
		Brandon, FL 33510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 7, 2015.



Signature of a member or authorized representative of a member

Steven Chamberland
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA