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(Re	equestor's Name)	
. (Ac	ldress)	
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COVER LETTER

TQ: 'Registration Sec	ction		• ,
Division of Corp	•		
SUBJECT: EN	er gy Guar Name of Limi	2d Spray Forted Liability Company	iam 2 moulation LL
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	,
	Michinel	6.1martin	
		Name of Person	Form Instruction LLC
	5316	Maries A	ve
	West PAl.	M Bend Fl City/State and Zip Code 1 - 12	33417
	tom (m q E-mail address: (t	o be used for future annual report notif	gil, com
For further information co	oncerning this matter, please ca		
Michel 9	6.1 martin	at (305) 4	P 487-2106
Nume of	1 613611	Area code Dayanie	Telephone Number
Enclosed is a check for th	e 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

(A Florida Limited Liab	AY FOAM INSULATION LLC as know appears on our records, pilly Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $\frac{10}{12}$ $\frac{12015}{2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.170"
Enter new principal offices address, if applicable:	25 to 1 to
(Principal office address MUST BE A STREET ADDRESS)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5316 MARIESA Ave. West PAIM BEACK FL
- -	33417
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: M.c.u.a. New Registered Office Address: 5316	MARiesA Ave
	Enter Florida street address Alm Bench, Florida 33417 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	Thomas Gilmartin	Cocont Creek FL 33073	1∆3 □ Add
			Remove
			Change
<u>.,</u>			🗆 Add
			Remove
			□ Change
			Add
			□ Remove
			Add:
			Add Remove Change
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			Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
red 2/10 / 2016.	

Page 3 of 3

Filing Fee: \$25.00