L15000204 304

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

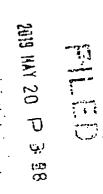
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COVER LETTER

	Registration Se Division of Cor		;	
		AP INSULATION		
SUBJEC	Т:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		TINA BROWDER		
			Name of Person	
			Firm/Company	
		1530 TURTLE ROCK DR		
		-	Address	
		LAKELAND, FL 33803		
		AP.SURETEMP@GMAIL	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please co	all:	
TINA BE	ROWDER		863 514-5002 at ()	
	Name o	t Person		Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25. 0	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:

TO:

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

FILED

SURE TEMP INSULATION, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 7813 HAY 20	P

The Articles of Organization for this Limited Liability Company	were filed on $\frac{12/08/20}{2}$	and assigned
Florida document number L15000204304		The months of the contract of
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3928 ANCHUCA DI	R SUITE 15
(Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33	811
Enter new mailing address, if applicable:	3928 ANCHUCA DI	R SUITE 15
(Mailing address MAY BE A POST OFFICE BOX)	LAKELAND, FL 33	811
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is
Is Cha	nging 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	BOBBY BROWDER	1530 TURTLE ROCK DR LAKELAND, FL 33803	■ Add
			□ Remove
			≅ Change
VP	RONALD CABANAS	1255 MAPLE AVE BARTOW, FL 33830	■ Add
			□ Remove
			
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			☐ Change

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Note:	fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 18 2019
	Signature of a member or authorized representative of a member
	TINA BROWDER

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Filing Fee: \$25.00