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SECRETARY OF STATE

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT:	Temperat	urePro Pinellas LLC		
		Name of Lim	ited Liability Company		
The encl	losed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	ence concerning this matter	to the following:		
			Jayna Hampton		
			Name of Person		
			Swyft Filings, LLC		
			Firm/Company		2 SEG
		10	00 N. West St. Suite 1200		50 E
			Address		THE SERVE
			Wilmington, DE 19801		TALLAHASSEE, FLORIDA
			City/State and Zip Code	, ', -	F. 33
		F.mail address: 7	lings@swyftfilings.com to be used for future annual report noti	fication)	6 0
For furth	ner information con	cerning this matter, please ca	•	nouncity	
	Jayna Hampto	n	at (877) 77	² 7-0450	
	Name of Po	erson	at (<u>877</u>) // Area Code Daytim	e Telephone Number	
Enclosed	d is a check for the t	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 Sta Certified Copy (additional copy is en	tus &

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

Tem	peraturePro Pinellas LLC		
(Name of the Limited Li	ability Company as it now appear orida Limited Liability Company)	rs on our records.)	
(A r)	iorida Limited Liaotiity Company)		
The Articles of Organization for this Limited Liability	ty Company were filed on	November 1, 2016	and assigned
Florida document number <u>L16000201568</u>			
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company ho	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	: 1306 Harr	rison Ave Gulf Breeze	FL 32563
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		rison Ave Gulf Breez	ze, FL 32563 16 NO 14
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, <u>enter t</u>	
Name of New Registered Agent:		<u></u>	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
New Registered Office Address:		arrison Ave	
	Enter Flor	rida street address	
_	Gulf Breeze	, Florida	32563
_	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Stephen P Marmillion	1306 Harrison Ave Gulf Breeze, FL 32563	Add
			Remove
			☑ Change
AMBR	Theresa C Marmillion	1306 Harrison Ave Gulf Breeze, FL 32563	□ Add
			□ Remove
			Change TALL
		***************************************	SECRETARY FALLAHASSE
			Remove
		***	New 14 Propries
		·	🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change

tive date, if other than the date of filing: (optional) (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the relationship of the potential of the second specifies and selective date on the record is filed.	rsuant to 605.0
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0 Y/J	
Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00