

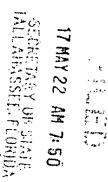
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CYIDIE	All Keys In	sulation LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	<del>.</del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kelly Clark		
			Name of Person	
		All Keys Insulation LLC		-
			Firm/Company	
		80 Palm Drive		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	<del></del>
		Allkeysinsulationoffice@gr		<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Kelly	Clark	·	at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for tl	ne following amount:		
\$2:	5.00 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

All Keys insulation LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L17000006234	any were filed on January 9, 2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	_
<b>,</b>		_
Enter new mailing address, if applicable:	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco	d office address on our records, enter the name of the here:	<u>new</u>
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address , Florida	-
<del></del>	City City Cap Gode	-
New Registered Agent's Signature, if changing Registered Age	ent:	
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kelly Clark	PO Box 4855 Key West, FL 33041	
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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fective date, if other than t	he date of filings	,		
n effective date is listed, the date n	nust be specific and cannot be prior to da	ate of filing or more than 90 day	s after filing.) Pursua	int to 605.020
ote: If the date inserted in this cument's effective date on the	block does not meet the applicable Department of State's records.	statutory filing requirement	s, this date will no	t be listed a
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	ed effective date, but not ar	n effective time, at 12:	01 a.m. on the	e earlier o
The 90th day after the re	ecord is filed.			
May 11	2017			
nea	Clark Signature of a member of authorize			
Kolly	(lark _/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00