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COVER LETTER

TO: Registr Division	ation Secti n of Corpo				
SUBJECT:	LL PRO A	IR & INSULATION LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all	correspond	ence concerning this matter	to the following:		
		KEVIN HOWELL			
			Name of Person		
		WARR & FORESTER LI	_C		
			Firm/Company		
		1360 W NINE MILE ROA	AD.		
			Address		
		PENSACOLA, FL 32534			
			City/State and Zip Code		
		KEVIN@WARRFOREST	ER.COM to be used for future annual	rapport notification)	
For further infor	mation con	eerning this matter, please co		report notifications	
KEVIN HOWE	LL		850 47	77-5320	
	Name of Pi	erson	Area Code	Daytime Telephone Number	
Enclosed is a che	eck for the f	ollowing amount:			
■ \$25.00 Filing	g Fec	□ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate	of Status opy
	Registrati	G ADDRESS: on Section of Corporations	Registra Division	T/COURIER ADDRESS: tion Section of Corporations Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL PRO AIR & INSULATION LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/06/2017	and assigned
Florida document number L17000229081		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbrevite on "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS,		20
Enter new mailing address, if applicable:		110200
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address because it is a second control of the second control of the new registered of the second control of the seco		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i torida street daaress	
	, Florid	
	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 =	Authorized	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	JOSEPH B PADILLA	411 ROSSI WAY	□ Add
		PENSACOLA, FL 32506	Remove
		.	Change
		<u></u>	Add
			□ Remove
			Change
			Remove
			Remove SECRE LED Add Phange Property Control of the Remove Pro
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ffective date, if other is listed to the infective date is listed to the inscontract ocument's effective	ed, the date must be sported in this block do	ecific and car ses not meet	the applicab	date of filing or the statutory filing	nore than 90 days	optional) after filing.) Pun i, this date will	suant to 605.020 not be listed as
e record specifie The 90th day al	s a delayed effe ter the record is	ctive date s filed.	e, but not	an effective	time, at 12:	01 a.m. on t	he earlier o
		2	2018				
lated JULY 18		-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00