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PICK-UP	☐ WAIT	MAIL
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Certified Copies		of Status
Special Instructions to	Filing Officer:	
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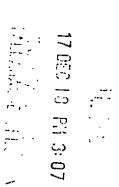
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## **COVER LETTER**

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	tration Sec ion of Corp		<b>.</b>							
SUBJECT: S	pray Pro In:	sulation, LLC.								
SOBJECT: _		Name of Lim	ited Liability Company							
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.							
Please return a	ll correspon	dence concerning this matter	to the following:							
		Jason Fortson								
			Name of Person							
		Spray Pro Insulation, LLC								
			Name of Person  Firm/Company  Address  City/State and Zip Code  be used for future annual report notification) :  at (	<del></del>						
		4318 Holden Road								
		Address								
		Lakeland, FL 33811								
			City/State and Zip Code							
		jfortson@avecoinc.com E-mail address: (	to be used for future annual report notif	ication)						
For further info	ormation co	ncerning this matter, please co	all:							
Jason Fortson										
-	Name of	Person		: Telephone Number						
Enclosed is a c	heck for the	following amount:								
□ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status		■ \$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 ARTICLES OF ORGANIZATION OF

Spray Pro Insulation, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/30/2017}{1}$ and assigned Florida document number L17000245320 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spray Pro Insulation, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 107 Florida Ave S Enter new principal offices address, if applicable: Lakeland, FL 33801 (Principal office address MUST BE A STREET ADDRESS) 107 Florida Ave S Enter new mailing address, if applicable: Lakeland, FL 33801 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A

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	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	<del>\</del>		Signature of	a member	r or authori	zed represo	entative of	a member	:			_

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Filing Fee: \$25.00