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COVER LETTER

	porations		
Spray Pro I	nsulation, LLC		
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub-	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	William T. Link, Jr.		
		Name of Person	
	Reed Mawhinney & Link,	PLLC	
		Firm/Company	
	1611 Harden Blvd.		
		Address	
	Lakeland, FL 33803		
		City/State and Zip Code	
	E-mail address: (i	to be used for future annual report notif	ication)
iformation co	oncerning this matter, please ca	all:	
ink, Jr.		863 687-1771	
Name o	f Person	Area Code Daytime	: Telephone Number
check for th	ne following amount:		
iling 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)
	Spray Pro I	Spray Pro Insulation, LLC Name of Lim I Articles of Amendment and fee(s) are sub all correspondence concerning this matter William T. Link, Jr. Reed Mawhinney & Link, 1611 Harden Blvd. Lakeland, FL 33803 will@polklawyer.com E-mail address: (information concerning this matter, please calink, Jr. Name of Person a check for the following amount: illing Fee	Spray Pro Insulation, LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: William T. Link, Jr. Name of Person Reed Mawhinney & Link, PLLC Firm/Company 1611 Harden Blvd. Address Lakeland, FL 33803 City/State and Zip Code will@polklawyer.com E-mail address: (to be used for future annual report notifinformation concerning this matter, please call: Link, Jr. Name of Person Read Mawhinney & Link, PLLC Firm/Company 1611 Harden Blvd. Address Lakeland, FL 33803 City/State and Zip Code will@polklawyer.com E-mail address: (to be used for future annual report notifinformation concerning this matter, please call: Area Code Daytime of check for the following amount: Siling Fee S30.00 Filing Fee & Certificate of Status Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

Spray Pro Insulation, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000245320	were filed on 12/18/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4318 Holden Road	·
(Principal office address MUST BE A STREET ADDRESS)	Lakeland. FL 33811	18 Si
		SER CORE
		1 8 OF THE
Enter new mailing address, if applicable:	4318 Holden Road	~
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33811	- <u>- Co</u>
		– 55
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	, Florida	
	City	Zip 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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and 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	Michael S. Folsom	107 South Florida Ave.	
		Lakeland, FL 33801	
			Remove
			Change
			
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote: If the date inserted in this block does not meet the applicable statutory filing recocument's effective date on the Department of State's records.	han 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00