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то:	Registration Section
	Division of Corporations

CMG ENERGY PROS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS CORREA SUAREZ

Name of Person

CMG ENERGY PROS LLC

Firm/Company

6079 LAKE MELROSE DRIVE

Address

ORLANDO, FL, 32829

City/State and Zip Code carlosandrescorrea78@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the 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 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

CMG ENERGY PROS 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 05/10/2018	and assigned
Florida document number L18000048311	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALLSTATE INSULATION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A		<u>-</u> .
New Registered Office Address:	N/A		
<u>New Regionera Grine Haaroo</u> r		Enter Florida street	address
			, Florida
		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 Member

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<u>Title</u>	Name	Address	Type of Action
MGR	MAICOL A CAMACHO BONILLA	8033 BLUEBELL CT ORLANDO, FL 32822	
			Add
			Remove
		······	Change
MGR	GABRIEL ALEJANDRO COLINA	9707 PECAN HICKORY WAY ORLANDO, FL 32832	🖸 Add
		<u> </u>	Remove
			Change
MGR	PAOLA ANDREA PINILLA	6079 LAKE MELROSE DRIVE ORLANDO, FL 32829	Add
			Add
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D.	If amending any other in	nformation, enter	r change(s) here:	(Attach additional	sheets, if necessary.
	N/A				

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

AUGUST 21 Dated _ 2018 5

Signature of a member or authorized representative of a member

CARLOS CORREA SUAREZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00