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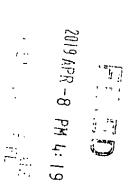
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## **COVER LETTER**

Division of Corporations MOBILE HOME VAPOR BARRIER PRO 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: **NELSON H VASQUEZ DUARTE** Name of Person Firm/Company 12043 CITRUS FALLS CIRCLE APT 302 Address TAMPA, FL 33625 City/State and Zip Code VAPORBARRIERPRO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NELSON H VASQUEZ DUARTE Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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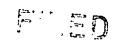
TO:

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



2019 APR -8 PM 4:19

## MOBILE HOME VAPOR BARRIER PRO 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 Florida document number L18000190801	Company were filed on 08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
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 agent and/or the new registered office ado	stered office address on our records, dress here:	enter the name of the ne
Name of New Registered Agent:		-
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	rida
Y B	City	Zip Code
New Registered Amendo Cinners at 1		

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>	Name	<u>Address</u>	Type of Action
AMBR	NELSON H VASQUEZ DUARTE	12043 CITRUS FALLS CIRCLE # 302	7 pc 0. region
·		TAMPA EL 33625	
			□ Remove
MCD	ANGELICA K CASTRO	12043 CITRUS FALLS CIRCLE	Change
MGR	ALTAMIRANO	#302 TAMPA_EL 33625	🗖 Add
			■ Remove
		☐ Change	
		□ Add	
			🗆 Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			□ Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
· <del></del>	
_	
. Effective	04/03/2019
	te date, if other than the date of filing:
the recor ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	/03/2019
	MONTH OF THE PARTY
	Signature of a member or authorized representative of a member  NELSON H VASQUEZ DUARTE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00