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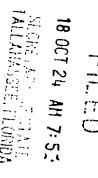
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Subshine Block Foam Insulation LLC 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: David G Bell			
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Davi	d G Bell Name of Person	
	Surshine	Black Foam I	issulation LLC
	922 11th 5	H. South Saits Address	 -
	Saint Peter	Starto FL. 37.	3705
	383.95 i E-mail address: (MCQQmql.Cov to be used for Juture annual report not	(fication)
For further information co	oncerning this matter, please co		
David Name of	Bell- Person	at (<u>727</u>) <u>(86</u> Area Code Daytin	——————————————————————————————————————
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	10	\mathcal{L}_{i}
ARTIC	LES OF ORGANIZATION	10. 11. 50
	OF	100721
Sinshine Bo	Liability Company as it now appears on our record	18 OCT 24 AH 8:00
The Articles of Organization for this Limited Liabi Florida document number 1.18001910	• • • •	16 2018 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the Substitute Block. The new name must be distinguishable and contain the words	Foam Insulation	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records e address here:	s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	<i>is</i>
-		orida
	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

<u>Title</u>	Name	Address	Type of Action
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	he date must be specific I in this block does no	and cannot be pricot meet the appli	cable statutory filing		onal) filing.) Pursuant to 605.0207 date will not be listed as
e record specifies a The 90th day after			ot an effective t	ime, at 12:01 a	.m. on the earlier o
ned Octob	er 22 rd	2018	·		
	Signature o	f a member or aut	of tepresentative	of a member	
	Tours	C (Sell ted name of signee		

Page 3 of 3

Filing Fee: \$25.00