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COVER LETTER

Division of Corporations
SUBJECT: LR Spray 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:
Lucio Ramirez jr Name of Person
LR Spray Foam in Sulation LC Firm/Company
120 Kendra Aue Address
Ctelana fl 30704 City/State and Zip Code 14 City/State and Zip Code 14 Com E-mail address: (to be used for future annual report notification)
H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucio Ramirez jr at (386) 480 - 0887 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

TO:

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

LR Spray Foom in Sulation 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	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		01 111
(Mailing address MAY BE A POST OFFICE BOX)		まじ
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		8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	ress
	,	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Ambr</u>	Daniel Ramirez	1090 Stardust way	Add
		delara fl 32720	Remove
			Change
			Remove
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	rd specifies a delayed el Oth day after the record		ut not an effect	tive time, at 12:0)1 a.m. on the earl	lier of:
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	Jun Justin	nature of a member of	or authorized represei	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00