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Amend

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WEST BAY TUSULaTion 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:
1 4 ARY Rogers Ja Name of Person
West 1844 Insulation, LCC Firm/Company
202 Patio Circle Address
Lehigh Acres, F1 33974 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (cadditional 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

(Name of the Limited Liability Company (A Florida Limited Lia	Tow LLC	our records.)	
(A Florida Limited Liability Company w Florida document number <u>L 19000047470</u> .		· · /	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" o	r 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: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Lehish r	BOX Acres, FI	1593 33970-1593
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ır records, g	enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Flori	da
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
	to not in this see	anity I Good	an aguas ta agually with th

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael D. Miles	P.O. BOX 1593	Add Add
		P.O. BOX 1593 Lehish Acres, Fl 339	7 <i>0 ~ 5§</i> 2□ Remove
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		Signature of	a member or au	ithorized represer	ntative of a member	r	

Page 3 of 3

Filing Fee: \$25.00