L20000253127

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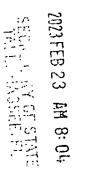
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COVER LETTER

TO: Registration So Division of Cor			
	sulation LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	Jeffrey L Anderson		
		Name of Person	
	Mission Insulation LLC		
		Firm/Company	
	317 SW 31st Ter		
		Address	·
	Cape Coral, FL, 33914		
		City/State and Zip Code	
	jlanders73@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c		
Jeffrey L Anderson		239 222-4190	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 633	27	The Centre of I	'allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mission Insulation LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited 1	ny as it now appears on our r nability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/18/2020}{}$	and assigned
Florida document number 1.20000253127		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Mission Insulation and Home Repair Services LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2028 SEC
		23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	····	
-	Enter Florida street o	uddress
		_, 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 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
			[]Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
		□Remove	
			□Change

		
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		<u> </u>
activo	re date, if other than the date of filing:	(optional)
n effecti <u>(te:</u> If	etive date is listed, the date must be specific and cannot be prior to date of filing or more the fithe date inserted in this block does not meet the applicable statutory filing request's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605,020
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the ed.	e earlier of: (b) The 90th day after the
2/2 red	$\frac{2023}{2}$	
	Signature of a member or authorized representative of a r	nember

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