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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only





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98/94/22--01018--030 ******25.00



COVER LETTER

Registration Section Division of Corporations

TO:

	n Insulation LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Paul Videon				
		Name of Person			
	Paul Videon Insulation LL	C			
		Firn/Company			
	1459 SW Grandview St. S	uite 107		22 223 -4 -1 24 00 25 24 4-23 24 4: 00	
		Address			
	Lake City, FL 32025			n E.	
		City/State and Zip Code		1 7	
	pvideoninsulation@gmail.c				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Paul Videon		386 209-8857			
Name of	f Person		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)	Certified (e of Status &	
Mailing Address: Registration Section Division of Corporations		<u>Street Address:</u> Registration Se Division of Cor			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paul Videon Insulation 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 were filed on $\frac{10/20/20}{}$ and assigned Florida document number L20000332964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L,L,C," 1459 SW Grandview St. Ste 107 Enter new principal offices address, if applicable: Lake City, FL 32025 (Principal office address MUST BE A STREET ADDRESS) 11, (1) Ξtλ 1459 SW Grandview St Ste 107 Enter new mailing address, if applicable: Lake City, FL 32025 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

	, Flo	ridaZip Code
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		

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
MGR	Lelia Videon	209 NW Videon Gln Lake City, FL 32055	= Add
			□Remove
			□Change
MGR	Paul D. Videon	248 SW Crest Glen Lake City, FL 32024	= Add
			□Remove
		 	□Change
MGR	David Manske	200 SW Woodview Way Lake City, FL 32024	= Add
			Remove Chánge
			Add Remove
			□Change
			🗆 Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change

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Effective date, if (If an effective date is I	isted, the date must be	specific and canno	ot be prior to da	te of filing or more	than 90 days after	filing.) Pursuant	t to 605.020°
document's effective	nserted in this block we date on the Depar	does not meet t tment of State's	he applicable s records.	statutory filing r	equirements, this	date will not	be listed as
the record specifies a cord is filed.	delayed effective da	te, but not an el	ffective time,	at 12:01 a ,m. on	the earlier of: (b) The 90th da	iy after the
July 28th	1	20	122				
Dated	/////	· _	<u> </u>				
		10mis					

COVER LETTER

		stration Secsion of Corp			
SUBJEC		Paul Videon	Insulation LLC		
SUBJEC	•		Name of Limite	ed Liability Company	
The enclo	sed	Articles of	Amendment and fee(s) are subm	itted for filing.	
Please ret	urn	all correspon	ndence concerning this matter to	the following:	
			Paul Videon		
				Name of Person	
			Paul Videon Insulation LLC		
				Firm/Company	 _
			1459 SW Grandview St Sui	te 107	
				Address	
			Lake City, FL 32025		
				City/State and Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			pvideoninsulation@gmail.cor		
			E-mail address: (to	be used for future annual report notificati	ion)
For furthe	er in	formation co	oncerning this matter, please call	:	
Paul Vide	eon			386 209-8857 at ()	
		Name of	Person	Area Code Daytime Tel	lephone Number
Enclosed	is a	check for th	e following amount:		
≘ \$ 25.0	00 F	iling 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)
	-			WORLDWIDE SERVICE	
Ī	M₽ Re	PAUL V 209 NW V	VIDEON IDEON INSULATION IDEON GLN Y, FL 32055-4997	8/1/22	719 63-7921/2630 134
j	Di P.(Ta	Pay to the Order of	Division o	f Corporations	\$ 25.00
		PO. Bax 4508	VyStar Credit Union 5 - Jacksonnille, Fl. 32232-5085		Dotab on tops

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