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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations						
empress. Soull	rea Guerry Fram	110					
SUBJECT: <u>JOUTI</u>	ern Spray foam	nited 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:					
·	ū	•					
	Claudio Praz	Name of Person					
	Southern Sy	Firm/Company		2021 A			
	25 Rolland	Address		1021 APR 28 PI			
	Palm Coast	FL 32164 City/State and Zip Code		PH 2:21			
	93 prazeres & E-mail address: (FL 32164 City/State and Zip Code yahoo_com to be used for future annual report noti	fication)	·}•			
For further information c	oncerning this matter, please c	all:					
Claudio Pra Name o	TECS f Person	at (<u>3 86</u>) <u>585 - 2</u> Area Code Daytim	2723 e Telephone Number				
Enclosed is a check for the	ne following amount:						
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status					
Mailing Address		Street Address:	osti o m				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 632	-	The Centre of T	•				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Suray toam L (Name of the Limited Liability Company as (A Florida Limited Liability	LC it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L2/00 00 36993</u> .	filed on 01/19/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
Cornerstone Spray Fram Insulation The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	
	CO #
Enter new mailing address, if applicable:	P III
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre	ss on our records, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
	пу пр соше

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>	<u>Address</u>	Type of Action
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