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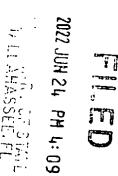
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	Registration Se Division of Cor						
SUID IEZ		MASS GREEN INSULATION FLORIDA LLC					
SUBJEC	.1; <u> </u>	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	_				
		AURELIO GOMES PENT	TEADO NETO				
			Name of Person				
		ONE TOUCH CONSULT	ING SERVICES LLC				
			Firm/Company				
		7345 W SAND LAKE RD), STE 224				
			Address				
	ORLANDO, FL 32819 US						
		contact@onetouches.com				us &	
For furth	er information c	n-mail address: (concerning this matter, please co	to be used for future annual report notificationall:	n ,	: r	1022 JU	3
AUREL	IO GOMES PE	NTEADO NETO	407 233 7350			H 24	The state of the s
	Name o	r Person		phone Number		PH 4:	
Enclosed	l is a check for th	he following amount:			=;	9	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & ☐ \$60.00 Fil Certified Copy Certificat (additional copy is enclosed) Certified (additional		e of Statu Copy		
	Mailing Addres Registration 5		Street Address: Registration Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASS GREEN INSULATION FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

03/17/2021	
The Articles of Organization for this Limited Liability Company were filed on 03/17/2021	and assigned
Florida document number L21000127097	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
FLORIDA GREEN INSULATION LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	200
(Principal office address MUST BE A STREET ADDRESS)	22
	ഗ_ ം ആവ
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the nanagent and/or the new registered office address here: Name of New Registered Agent:	ne of the new registered
New Registered Office Address:	
Enter Florida street address	
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 age provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the liceompany has been notified in writing of this change.	familiar with and , if this document is

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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	e date inserted in this block doe effective date on the Departme			ig requirements, this	date will not be listed	i as t
record sp d is filed.	ecifies a delayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t	he
O.D.	ANDO HARALI	2022				
Dated	LANDO, JUNE 21th	2022	7 ·			
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Filing Fee: \$25.00