## LZ1000176340

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## **COVER LETTER**

`TO:

Registration Section
Division of Corporations

	ermal Cork Shield, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brent Colvin		-
		Name of Person	
	US Thermal Cork Shield, I	.I.C	
Firm/Company			
	, '		
		Address	<del> </del>
	Pensacola, FL 32505		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Brent Colvin		620 272-3136	
Name (	of Person	at () Area Code Daytime	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)
Mailing Addre	Section	Street Address: Registration Sec	
Division of C P.O. Box 633		Division of Cor The Centre of T	
Tallahassee.			Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Thermal Cork Shield, LLC	•		
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our records. I Liability Company)	,)
he Articles of Organization for this Limited I lorida document number $\frac{L21000176340}{L1000176340}$		y were filed on April 15, 2021	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited lia	bility company here:	
S Thermal Cork Shield, LLC			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
<u> Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		N/A	
. If amending the registered agent and/or gent and/or the new registered office addre		e address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
			rida Zip Code
		City	гір Соае

## 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>	Name	<u>Address</u>	Type of Action
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			□Remove
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te: If the date inserted	than the date of filine date must be specific a lin this block does not on the Department of	meet the applicable	ate or ming or more me	m 70 days andr mings	Pursuant to 605.020 will not be listed as
s filed.	ed effective date, but n	ot an effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ed <u>Decemb</u>	nec 31	3022			

Typed or printed name of signee