

***corrected, please
honor original submission
date of 7/20/23

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST INSULATION LEASING FLORIDA, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	05
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Corporate Filing Menu

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T. LEMIEUX
JUL 25 2023

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION SERVICES

2023 JUL 20 PM 1:32

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Best Insulation Leasing Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Edward Moreno

Name of Person

Kemp Smith

Firm/Company

221 N. Kansas, Suite 1700

Address

El Paso, Texas 79901

City/State and Zip Code

travis.lafayette@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Edward Moreno

at (915)

533-4424

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Best Insulation Leasing Florida, 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 March 03, 2022 and assigned
Florida document number L22000110800.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CT Lafayette Leasing Florida LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Type of Action</u>
MGR	CT Lafayette Holdings LLC	12225 Triple Creek Cir.	<input checked="" type="checkbox"/> Add
		Austin, TX 78620-3745	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Travis Lafayette	12225 Triple Creek Cir.	<input type="checkbox"/> Add
		Dripping Springs, TX 78620	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carey Lafayette	12225 Triple Creek Cir.	<input type="checkbox"/> Add
		Dripping Springs, TX 78620	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 24, 2023


Signature of a man

Signature of a member or authorized representative of a member

Travis Lafayette, Manager

Typed or printed name of signee

Filing Fee: \$25.00