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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

ADVANC	E INSULATION LLC		
SUBSECT.	Name of Lin	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:	
	Suzette A. Ramoutar		
		Name of Person	
		Firm/Company	
	17915 SW 29th Ct		·
	·	Address	
	Miramar, FL. 33029		·. -
		City/State and Zip Code	•
	advanceinsulation.hello@g E-mail address: (	mail.com to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Suzette A. Ramoutar		954 496-2444	
Name o	f Person	at () Area Code Daytii	me 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 Addres		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCE INSULATION LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000529680	y were filed on 12/19/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3911 SW 52NDAVE 3-5 PEMBROKE PARK FL 33023
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PARK FL 33023
	<u> </u>
Enter new mailing address, if applicable:	8362 Pines Blvd. Suite 167
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL. 33024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	AVID RAMOUTAR
New Registered Office Address: 391/	SW 52 ND AVI= 3 - 5  Enter Florida street address
Pem	Siv 52 ND AVI= 3 - 5  Enter Florida street address  Broke PARL, Florida 33023  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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this	s block does not meet the appli c Department of State's record	cable statutory filing requ	uirements, this date	will not be listed a
	ctive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) Ti	ne 90th day after the
s filed.				
June 6	2023			
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Typed or printed name of signee