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COVER LETTER

TO: Registration So Division of Con		
	E INSULATION GROUP LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	SUSAN M TRUJILLO MESA	
	Name of Person	
	ANYTIME INSULATION GROUP LLC	
	Firm/Company	
	4730 NW 102 AVE, APT. 201	
	Address	
	DORAL, FL 33178	
	City/State and Zip Code	
	SUSANTRUJILLOMESA@GMAIL.COM E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
SUSAN M TRUJILLO I		
Name o	at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	\$\sum_{\text{\$30.00 Filing Fee & }} \sum_{\text{\$55.00 Filing Fee & }} \sum_{\text{\$60.00 Filing Fee, }} \text{\$60.00 Filing Fee, }} \text{\$Certificate of Status & Certified Copy } \text{\$cadditional copy is enclosed} \text{\$Certified Copy } \text{\$(additional copy is enclosed)} \text{\$(additional copy is enclosed)} \text{\$Certified Copy } \text{\$(additional copy is enclosed)} \t	

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

ANYTIME INSULATION GROUP 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 $\frac{01/17/2024}{1}$ and assigned Florida document number L24000034893 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4730 NW 102 AVE, APT, 201 Enter new principal offices address, if applicable: DORAL, FL 33178 (Principal office address MUST BE A STREET ADDRESS) 4730 NW 102 AVE, APT, 201 Enter new mailing address, if applicable: **DORAL, FL 33178** (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 Cin

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.

New Registered Agent's Signature, if changing Registered Agent:

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	Address	Type of Action
AMBR	VLADIMIR DUQUE RAMIREZ	7372 SW 164 COURT	□Add
		MIAMI, FL 33196	Remove
			□Add
			Remove
			Change
			□Add
			□Remove
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<u>lote:</u> I	date, if other than the date of filing:
record d is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	v 10 2024
	Sugar trimilla
	Superture of a marrher or authorized correspondstive of a mornhor
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00