

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
TALL AHASSIF FLORID.

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R. Warmit.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNBLOCK INS	ULATION INC.				
	BER: P06000001245					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	NESTOR POMA					
		Name of Contact Persor				
	SUNBLOCK INSULATION INC.					
		Firm/ Company				
	10046 SW 162 PATH	• •				
		Address				
	MIAMI FL 33196					
		City/ State and Zip Code	e			
SUN	BLOCKINSU@BELLSOUTI	H.NET				
	=	sed for future annual report	notification)			
		·				
For further informatio	n concerning this matter, pleas	se call:				
NESTOR POMA		786	210-1274			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section			Address Iment Section			
	ision of Corporations	Division of Corporations				
	. Box 6327		Building Executive Center Circle			
Tal	lahassee, FL 32314	2001 €	ACCURITY CHILLET CHICLE			

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

15 DEC 39 AH 10: 21

SUNBLOCK INSULATION INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

with the Florida Dept. of State) ration (if known) Profit Corporation adopts the following amendment(s): The new
Profit Corporation adopts the following amendment(s) The new
Profit Corporation adopts the following amendment(s) The new
The new
empany," or "incorporated" or the abbreviation A professional corporation name must contain the
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lorida, enter the name of the
ess)
, Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	DIANA BETANCOURT	10046 SW 162 PATH
X Add			MIAMI FL 33196
Remove			
2) Change			
Add		•	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

(* E E E E E E E E E	nending or adding additional Ar ch additional sheets, if necessary)	ticles, enter chang (Be specific)	(e(s) here:			
N/A	, , , , , , , , , , , , , , , , , , ,	(== 7 - 3)				
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F. <u>If an</u>	amendment provides for an exc	hange, reclassific	ation, or cance	ellation of issued	d shares,	
pro	visions for implementing the am (if not applicable, indicate N/A)	endment if not co	ntained in the	amendment itse	<u>elf:</u>	
N/A	(y noi appricable, maicale (1911)					
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			_			
			<u></u>			
			_		<u></u>	

	12/14/2015	
The date of each amendment(s) add	option:	, if other than the
date this document was signed.	2016	
Effective date <u>if applicable</u> :	/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep.	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendmenticient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were adop	ted by the board of directors without shareholder action and shareho	lder
action was not required.		
12/14/2015 Dated	A.A.	
(By a dir selected,	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of d fiduciary by that fiduciary)	
1	NESTOR POMA	
-	(Typed or printed name of person signing)	
I	PRESIDENT	
-	(Title of person signing)	