P13000080220

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: IDEAL INSULATION ENTERPRISES INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **RUBEN RUIZ** Name of Contact Person IDEAL INSULATION ENTERPRISES INC Firm/ Company 212 PALM RIVER BLVD APT 213 Address NAPLES FL 34110 City/ State and Zip Code IDEALINSULATIONINC@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 455-2002

Area Code & Daytime Telephone Number **RUBEN RUIZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation



IDEAL INSULATION ENTERPRISES INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P13000080220		
(Document Number of C	Corporation (if known)	70.98 F
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name i	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<i>V</i>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the posit	ion.
Sould	04	
Sighaure of Now Re	gistered Agent, if changing	

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 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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		OSMEL SUAREZ	260 29TH ST SW
Add				NAPLES FL 34117
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	_	_		
Add				
Remove				
6) Change				
Add				
Remove				

	
an amendment provides for an excharge rovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dement if not contained in the amendment itself:
	<u> </u>

The date of each amendment(s) adoption:	09/28/15
date this document was signed.	,
Effective date <u>if applicable</u> : 09/28/15	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the it of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
09/28/15 Dated	
1/0	whole of
Signature	president or other officer – if directors or officers have not been
selected, by an	incorporator – if in the hands of a receiver, trustee, or other court
	ciary by that fiduciary)
RUBEN	N RUIZ
	(Typed or printed name of person signing)
PRESI	DENT
	(Title of person signing)