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C. GOLDEN OCT 23 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:America's Best I	nsulation Services, Inc.			
DOCUMENT NUMI	BER:P18000075027				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jose M Martinez				
		Name of Contact Person	n		
	America's Best Insulation Services, Inc				
		Firm/ Company			
	4147 W Waters Ave	This conquity			
		Address			
	Tampa, FL 33614				
	<del></del>	City/ State and Zip Cod	e		
meup	ierrez@hotmail.com				
<u> </u>	•	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Jose M Martinez		786 at (	de & Daytime Telephone Number		
Name (	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 OCT 15 PH 3: 16

America's Best Insulation Services, Inc

(Name of Corporation as currently	y filed with the Florida Dept. of State) CRETARY OF STATE TALLAHASSEE, FL
P18000075027	TACEATIAGGEET C
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "eword "chartered," "professional association," or the abbreviation "	1," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
N/A	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
1	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.

Signature of New Registered 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> Jo	John Doe		
X Remove	<u>v</u> <u>N</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u> <u>\$</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Miguel A Martinez	4147 W Waters Ave	
Add			Tampa, FL 33614	
X Remove				
2) Change	VP	Jose M Martinez	4147 W Waters Ave	
X Add			Tampa, FL 33614	
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
_				
	<u> </u>			
_				
<u>-</u>				
F. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,			
pro	visions for implementing the amendment if not contained in the amendment itself:			
	(if not applicable, indicate N/A)			
N/A				
	<del></del>			

N/2	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
	adment(s) was/were sufficient for approval
by(vot	."
(vot	ing group)
■ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
10/05/2018	
Dated	
_	
Signature	ident or other officer – if directors or officers have not been
•	prporator – if in the hands of a receiver, trustee, or other court
Jose M. Ma	rtinez
	Typed or printed name of person signing)
Vice Presid	ent
	(Title of person signing)