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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: N.W.FL Cootings Company UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anndreanna Engelmeier	
Firm/Company	
3559 Bess Nodk Rd.	
Boni Gy F1 30425 City/State and Zip Code	
E-mail address:) to be used for future annual report notification)	
For further information concerning this matter, please call:	
Don B. Coundeds at (850) 7108 · 9857 Name of Person at (850) Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fe & \Bigcup \\$60.00 Filing Fee	Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N.W. FL Coat (Name of the Limited)	Liability Company as It now appears on or	r records.)
The Articles of Organization for this Limited Liab		1 · 2017 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	基本
(Principal office address MUST BE A STREET A	ADDRESS)	
	ŧ	% 5 I
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
-	C'.	, Florida
	City	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.

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
more	John Beaver	3559 Bess Nook	<u>ld.</u> □ Add
		Bonifay, F1 3242	S Remove
			Change
mare	Kenneth Mainor	3559 Besslow id	Add
		3559 Besslow 16	□ Remove
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Tective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	d in this block doe	s not meet the ap	plicable statutory	g or more than 90 day filing requirement	(optional) s after filing.) Pursu s, this date will n	ant to 605.020 ot be listed as
record specifies a The 90th day afte	delayed effect the record is	tive date, but filed.	not an effecti	ive time, at 12:	01 a.m. on th	e earlier o
ted <u> </u>		201	<u>7</u> .			
	Signatu	re of a melober or a	uthorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00