

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAX ZONE INC.  
Account Number : I20190000044  
Phone : (407)888-3131  
Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Accountant@Taxzonefl.com

2025 AUG -1 PM 1:36

11:36

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DIVINE POWDER COATING LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$30.00 |

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2025 - 4 2025  
LEMIEX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVINE POWDER COATING LLC  
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:

ED KOTLER  
Name of Person  
TAXZONE INC  
Firm/Company  
8865 COMMODITY CIR STE 4  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
ACCOUNTANT@TAXZONEFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAY BEN NAIM 407 888-3131  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

DIVINE POWDER COATING 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 06/24/2025 and assigned  
Florida document number L25000282707.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

JORGE LUIS RODRIGUEZ

New Registered Office Address:

14043 ISLAMORADA DR

*Enter Florida street address*

ORLANDO

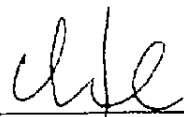
*City*

, Florida 32837

*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

| Title | Name          | Address                      | Type of Action                             |
|-------|---------------|------------------------------|--------------------------------------------|
| AMBR  | SHAY BEN NAIM | 14043 ISLAMORADA DR<br>_____ | <input type="checkbox"/> Add               |
|       |               | ORLANDO, FL 32837<br>_____   | <input checked="" type="checkbox"/> Remove |
|       |               | _____<br>_____               | <input type="checkbox"/> Change            |
|       |               | _____<br>_____               | <input type="checkbox"/> Add               |
|       |               | _____<br>_____               | <input type="checkbox"/> Remove            |
|       |               | _____<br>_____               | <input type="checkbox"/> Change            |
|       |               | _____<br>_____               | <input type="checkbox"/> Add               |
|       |               | _____<br>_____               | <input type="checkbox"/> Remove            |
|       |               | _____<br>_____               | <input type="checkbox"/> Change            |
|       |               | _____<br>_____               | <input type="checkbox"/> Add               |
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|       |               | _____<br>_____               | <input type="checkbox"/> Change            |
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|       |               | _____<br>_____               | <input type="checkbox"/> Remove            |
|       |               | _____<br>_____               | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 01

2025

Signature of a member or authorized representative of a member

SHAY BEN NAIM

Typed or printed name of signee

**Filing Fee: \$25.00**