L04000011633

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	lea	eived
	061	10

Office Use Only

S.C. 06/15/2/



400363641784

04/08/21--010/1--017 **25.00

0 -11 ED



NECE 1 TO

2021 JUH 10 AM 11:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2021

JON SALISBURY 3511 FOX LAKE DRIVE APOPKA, FL 32712

SUBJECT: CHIEFCOATINGS LLC Ref. Number: L04000011633

We have received your document for CHIEFCOATINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 821A00011459

1021 JUN 110 A 11: 24

Chiefcoatings LLC.

3511 Fox lake Dr Apopka Fl 32712 | 407-410-0999 | chiefcoatings@gmail.com

4/5/2021

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

Dear Registration Section:

Please Add managing member Jay Frazier to Chiefcoatings LLC

on & Salissimo

Sincerely,

Jon P Salisbury

COVER LETTER

O: Registration Se Division of Cor			
SUBJECT:	CHIEFCOA	tivbs LC.	
3000EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	JON	SALIS bury Name of Person	
	CHIEF	Firm/Company	
	2C11 1	FOY LAKE DO	
		FOX IAKE DR Address	
	ABUDK	KA FI 32712	_
	1/1/2/	City/State and Zip Code CATINGS BUAN to be used for future annual report notifi	·/ .
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
JON SA	Hisbury_	at (<u>407</u>) <u>410</u> -	-0999
Name o	f Person J	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
ì			() ()
Mailing Address		Street Address:	etion porations allahassee e Street, Suite 810
Registration S Division of C	orporations	Division of Cor	porations · · · · · · · · · · · · · · · · · · ·
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	allahassee 2 Street, Suite 810
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIEFCOAT	TNBS LLC.
(Name of the Limited I	TWES LLC. Liability Company as it now appears on our records.) Florida Limited Liability Company)
	lity Company were filed on <u>Dec 31, 2004</u> and assigned
This amendment is submitted to amend the followi	ng:
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 designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(IDDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new registered</u> tere:
New Registered Office Address:	
· ·	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, Fihis document is istered office address, I hereby confirm that the ling of liability ange.
	If Changing Dogistered Agent Signature of New Desistered 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M682	JAY FrAZIER	10901 BOCA POINTE DR. ORIANDO 71 32836	½ Ž/Add
		URIANO 71 32836	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□⟨ৣৠ
	,	<u> </u>	□Change
		> = = = = = = = = = = = = = = = = = = =	□Add
		2 _L	Remove
			□Change

				· ·		
		·····		.		
			· · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·				
						
_						
						<u></u>
						
		·- <u>-</u>				
					·-	
						
				·		
		<u></u>	-			
		, <u>, , , , , , , , , , , , , , , , , , </u>				
	if other than the da	te of filing:		(opt	ional)	
ective date, i	is listed, the date must be inserted in this block	specific and cannot be	prior to date of filing or oplicable statutory fil	more than 90 days after ing requirements, the	er filing.) is date w	Pursuant to 605.0207 vill not be listed as
n effective date i						
n effective date i <u>te:</u> If the date	ctive date on the Depa					
reffective date i te: If the date rument's effec						
n effective date in the date in the date in the date rument's effection of the date in the	ctive date on the Depa s a delayed effective da		ive time, at 12:01 a.m	i. on the earlier of: (b) The	90th day after the
n effective date in the date i			ive time, at 12:01 a.m	i. on the earlier of: (b) The	
n effective date in terms of the date in the date cument's effect ecord specifies is filed.		ate, but not an effecti		i. on the earlier of: (F	90th day after the
n effective date in terms of the date in the date cument's effect ecord specifies is filed.				i. on the earlier of: (F	
n effective date in terms of the date in terms of the date cument's effect ecord specifies is filed.	s a delayed effective da	ate, but not an effection of the state of th	21 Garage		F	
n effective date i ite: If the date cument's effec	s a delayed effective da	. 20		ve of a member	b) The 2021 JUN 10 A 11:	



Bepartment of State

I certify from the records of this office that CHIEFCOATINGS LLC, is a limited liability company organized under the laws of the State of Florida, filed on February 12, 2004.

The document number of this company is L04000011633.

I further certify that said company has paid all fees due this office through December 31, 2004, and its status is active.

Given under my hand and the Great Seal of the State of Sorida at Tallahassee, the Capitol, s the Twenty-sixth day of July, 2004

C)

Genda E. Hood

Glenda H. Hood Secretary of State



CR2EO22 (2-03)