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COVER LETTER

llc.

TO: Registration Section Division of Corporations
SUBJECT: Show time Coating Systems 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:
Dosty Capes
Show to me Coating Systems //c
2932 Outota Or
Capsdythy 6 value · com
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at QO9 O16 - 7000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy \$60.00 Filing Fee,

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

Showtime C	oating	Sus tuns	1/6
(Name of the Limited Li (A Fi	inbility Company as i forida Limited Liability	now addenry on our record (Company)	da.)
The Articles of Organization for this Limited Liabili			ABOS and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability c	ompany here:	
The new name must be distinguishable and contain the words	"Limited Liability Cor	npany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ω		
B. If amending the registered agent and/or r registered agent and/or the new registered office		ddress on our record	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	···	Enter Florida street addre	15
		, FI	lorida
	С	ty	Zıp Code
New Registered Agent's Signature, if changing Regis	steried 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

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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>	<u>Name</u>	Address	Type of Action
AHBIR	Dustin Capps	2932 Decote Or Orange purk F1 3x	
		Orange purk F1 32	Remove
		**************************************	□ Change
			🗆 Add
			□ Remove
			☐ Change
			□ Add
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effective date is te: If the date i	listed, the date must be specific and cannot be prior to date of filing or more to neerted in this block does not meet the applicable statutory filing reve date on the Department of State's records.	than 90 days after filing) Pursuant to 605 020
record speci	fies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier c
he 90th day	after the record is filed.	
ed Ma	y 23 2017	
	(1) A Com	
I		
	Signature of a member or authorized representative of a	a member

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Filing Fee: \$25.00