

L080000103275

Florida Department of State
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DIVISION OF CORPORATIONS
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GML COATINGS, LLC

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4/28/2015 4:00:38 PM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GML COATINGS, 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:

Laurie Biegel

Name of Person

Rutan & Tucker, LLP

Firm/Company

611 Anton Blvd. Ste. 1400

Address

Costa Mesa, CA 92626

City/State and Zip Code

lcuzzo@prim.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Biegel

Name of Person

714

Area Code

882.4860

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 &
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(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 APR 28 PM 12:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GML COATINGS, 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 11/04/2008 and assigned Florida document number L08000103275.

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 end with 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:

New Registered Office Address:

Enter Florida street address

_____, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan Schwake	10315 Technology Terrace	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FL 34211	<input type="checkbox"/> Remove
AMBR	Richard Holt	10315 Technology Terrace	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FL 34211	<input type="checkbox"/> Remove
AMBR	Scott Peters	10315 Technology Terrace	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FL 34211	<input type="checkbox"/> Remove
AMBR	Cardinal Contractors, Inc.	26000 Commercentre Dr.	<input type="checkbox"/> Add
		Lake Forest, CA 92630	<input checked="" type="checkbox"/> Remove
AMBR	William J. McDevitt	10315 Technology Terrace	<input type="checkbox"/> Add
		Lakewood Ranch, FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated April 28, 2015

WJ McD

Signature of a member or authorized representative of a member

William J. McDevitt

Typed or printed name of signer