L090000 24530

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | egistration Sec vision of Corp | | | |
|--------------|-----------------------------------|--|---|--|
| SUBJECT: | | T& COATINGS LLC. | | |
| SUBJECT | • | Name of Lim | nited Liability Company | |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please retur | n all correspor | ndence concerning this matter | to the following: | |
| | | BOBBY D SCHRAMM | | |
| | | · • · · · · · · · · · · · · · · · · · · | Name of Person | |
| | | D&D PAINT&COATING | S LLC | |
| | | · | Firm/Company | |
| | | 113 TRENTON AVE | | |
| | | | Address | |
| | | CRESTVIEW, FL 32539 | | |
| | | (| City/State and Zip Code | |
| | | ddpaintandcoatings@cox.ne | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further | information co | oncerning this matter, please ca | all: | |
| BOBBY D | SCHRAMM | | 850 978-1615 | |
| | Name of | Person | | e Telephone Number |
| Enclosed is | a check for the | e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) |
|--|---|
| he Articles of Organization for this Limited Liability Company were filed on MA | ARCH 12,2009 and assigned |
| lorida document number L09000024530 | • |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability company he | re: |
| | <u></u> - |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the de- | esignation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | |
| rincipal office address MUST BE A STREET ADDRESS) | F |
| | 2 8 |
| | 2 P |
| nter new mailing address, if applicable: | mo se se |
| Aailing address MAY BE A POST OFFICE BOX) | 77 C 24 C 24 C |
| | 203: |
| | > |
| . If amending the registered agent and/or registered office address on | our records, enter the name of the |
| gistered agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Flor | ida street address |
| | , Florida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|--------------|---------------------------------------|-----------------------------|
| MGR | JACOB GADDIS | 345 JOHN KING RD CRESTVIEW, FL | 3 <i>353</i> 9 ■ Add |
| | | | ☐ Remove |
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| Effective date, if other than the date | e of filing: | ntional) |
| Effective date, if other than the date If an effective date is listed, the date must be s Note: If the date inserted in this block of | e of filing:(o specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements. | ptional) after filing.) Pursuant to 605.0207 (3 |
| Effective date, if other than the date If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart | does not meet the applicable statutory filing requirements, | ptional) after filing.) Pursuant to 605.0207 (3) this date will not be listed as the |
| Note: If the date inserted in this block of document's effective date on the Depart | does not meet the applicable statutory filing requirements, tment of State's records. | this date will not be listed as the |
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