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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Under the Son Coatings LLC (NAME CHANGE)  Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mathew Hillianss Jame of Person  Under the Son Contings UC Firm/Company  4045 Winding Vine Drive Address  Lakeland FL 33812  City/State and Zip Code
by daddy restoration@ amil. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Hulianss at (863) 860 0444  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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

(A)	Liability Comps Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on <u>05/0</u>	7/2010 an	d assig	ned
Florida document number <u>L 1000004</u>	1224.	·			
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
Big Daddy Resto	cation l	1C	miren a la 2.5	167 1	<u> </u>
The new name must be distinguishable and contain the word	Is "Limited Liabs	lity Company, the designation	on The or the aboreviaus	  	<b>C</b> .
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREET ADDR		·		;	1; 
				(J)	1
			ψth	34	Tri
			<sub></sub>	<u> </u>	
Enter new mailing address, if applicable:		NIA			
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			=	
B. If amending the registered agent and/or	registered o	ffice address on our r	ecords, enter the na	ıme of	the n
registered agent and/or the new registered offic					
	A) I A				
Name of New Registered Agent:	132 1.1 2	-			
Name of New Registered Agent:					
Name of New Registered Agent:  New Registered Office Address:	NIA				
	NA	Enter Florida stree	t address		
	N/A		t address, Florida Zip (	Code	
New Registered Office Address:	- AJ A	City	, Florida	Code	
New Registered Office Address:  New Registered Agent's Signature, if changing Reg		City	, Florida /ip (		
New Registered Office Address:	ugent and agr	City <u>:</u> ree to act in this capacit	, Florida Zip 0 'y. I further agree to 0	omply:	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
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ote: If the date inserted in this block does not meet the appli	cable statutory filing requirements, this	date will not be list
cument's effective date on the Department of State's records	s	
e record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.	m, on the earli
The 90th day after the record is filed.	,	
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Page 3 of 3

Filing Fee: \$25.00