4/0000/65203

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ZOIR DEC -3 PM 3: 43
SECRETARY OF STATE

12018

COVER LETTER

		STRIAL COATING LLC		
SUBJECT	:	Name of Limi	ited Liability Company	 -
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Luis E. Diaz, Esq.		
			Name of Person	
		Luis E. Diaz & Associates.	, P.A.	
		±	Firm/Company	
		1529 S.W. 1st Street		
	Address			
		Miami, Florida 33135		
			City/State and Zip Code	
		Luisediazław@aol.com		
		E-mail address: ()	to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please co	ill:	
Luis E. Di	IX.		305 642-0078	
	Name o	f Person	at ()	Telephone Number
Enclosed is	a check for th	ne 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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2018 DEC -3 PM 3: 43 **OF**

FILED

SECRETARY OF STATE TALEAHASSEE, FL

PRO INDUSTRIAL COATING LLC

company has been notified in writing of this change.

(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 10/07/	2010	and assigned
Florida document number 1.10000105203			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u>. </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		r records, enter the	name of the new
New Registered Office Address.	Enter Florida street address , Florida		
	City	Z	ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office of	performance of my rovided for in Chaj	duties, and I am famil oter 605, F.S. Or, if th	liar with and is document is

If Changing Registered Agent, Signature of New Registered 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> Lith</u>	<u>Name</u>	Address	Type of Action
AMBR	Olga Ponce	13757 S.W. 139th Court	
		Miami, Florida 33186	
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			∩ Add
			☐ Remove
			☐ Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
	
No <u>te:</u> It the	the, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	NOVEMBER 25 2018
	The constant of the constant o
-	Signature of a member or authorized representative of a member
_	LUIS CSPONON
	Typed or printed name of signee

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Filing Fee: \$25.00