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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## **HYBRID COMPONENTS & 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:

## DONALD W. ELIAS

Name of Person

**HYBRID COMPONENTS & COATINGS LLC** 

Firm/Company

451 CENTRAL PARK DR

Address

LARGO, FL 33771

City/State and Zip Code

DONTELEGAL@GMAIL.COM

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

For further information concerning this matter, please call:

## FREDERICK HEARN

813 842-5271

Name of Person

Area Code

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 &
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

### **HYBRID COMPONENTS & 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 Co.	ompany were filed on 11/8/2010	and assigned
Florida document number L10000116337	_··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		# Ser
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<b>EP</b> 500
		<b>-</b>
		<del>ा</del> शहर
Enton now mailing address if annihables		PH 12:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Errice 1 for sace 50 ces datar ess	
<del></del>	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered	ł Agent:	
I hereby accept the appointment as registered agent a	and agree to act in this canacity. 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 ametiding 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>	Type of Action
MGR	DONALD W. ELIAS	451 CENTRAL PARK DRIVE	<b>=</b> Add
		LARGO, FL 33771	□ Remove
MGR	JAMES KURTZ	451 CENTRAL PARK DRIVE	Add
		LARGO, FL 33771	Remove
MGR	MARTIN MARCUS	451 CENTRAL PARK DRIVE	□ Add
		LARGO, FL 33771	■ Remove
MGR	DOUGLAS DAVENPORT	451 CENTRAL PARK DRIVE	□ Add ೄ
		LARGO, FL 33771	14 Spanove 2017
MGR ——	GUY GETTLE	451 CENTRAL PARK DRIVE	0 PH 12:444
		LARGO, FL 33771	— Semove
			□ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
·	
	- Added Birth
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and continuous dat	(optional) annot be more than 90 days after
the date this document is filed by the Florida Department of State)	
Dated AUGUST 25 2014	
Signature of a member or authorized represe	ntative of a member
DONALD W. ELAIS, MANAGER	
Typed or printed page of each	maa

Page 3 of 3

Filing Fee: \$25.00

\*IVISION OF POST OF SATIONS