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B. BOSTICK
DEC 1 4 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 12 Coating Services, Lilic	
Name of Limited Liability Company Please Add	
Name of Limited Liability Company Please Add FIN# A7-465 8 Please return all correspondence concerning this matter to the following:	M66
Jonathan A- Linette Name of Person	
J2 Services L-L-C Firm/Company	
4061 North Dixie Highway #17	
Oakland Park Floring 33334 E T	i :
J2Services FLA @ GMATL. COM & W	1
City/State and Zip Code J2 Services FLA @ GMATL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	;
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	\
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$ (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 **ARTICLES OF ORGANIZATION OF**

02 Coating	, Servi	ices, L.L.C	•
(Name of the Limited Li	ability Company	as it now appears on our record bility Company)	ds.)
		- hal	STO 5
The Articles of Organization for this Limited Liab	oility Company w	ere filed on $\frac{1/24/20}{2}$	and assigned
Florida document number <u>L1100000 93</u>	118	, ,	
			System was
This amendment is submitted to amend the follow	ring:		R R B
A. If amending name, enter the new name of the	ha limitad liahili	tu company horos	
1 5 -	* * *	ty company here.	5
The new name must be distinguishable and end with the	the words "Limited	d Lighility Company " the designs	ation "I I C" or the abbreviation
"L.L.C."	ine words Diffine	a Diabinty Company, the design	anon bec of the addicatation
Enter new principal offices address, if applicab	ale:	4061 North	Dixio Highway #1
(Principal office address MUST BE A STREET		Oakland Par	& Florida
Time gui office dauress MOST BE A STREET	ZIDDREGGY		22274
Enter new mailing address, if applicable:		4061 North Dixi	e Hishway #17
(Mailing address MAY BE A POST OFFICE Bo	0 X 0	Obligand Park	Floring
(Muning namess MAT BE AT OST OTTICE BO		- CARCANA IMPI	33334
			2227
B. If amending the registered agent and/or			enter the name of the new
registered agent and/or the new registered office	<u>ce address here</u> :		
	1	11 1 / 5 11.	,
Name of New Registered Agent:	Jona	than A- Linette	2
New Registered Office Address:	4061	North Dixie High	nway #11
		Enter Florida st	eet address
	Oakland	Park , Flor	ida <u>33334 </u>
	,	City	Zip Code
New Degistered Agent's Signature if changing Re	gistered 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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jonathan A. Linett	e 4061 Novth Dixe Highway #17	X (Address Add Change
		e 4061 North Dixe Highway #17 Oakland Park Floring	Remove
		33334	
			Add
		·	Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
 .			12 DE Adep
		!	Remove
		COR DIA	
-			Add
			Remove
			_
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Please ADD EIN Number	
	27-4652766	
Dated	12/10/, 2012	
	Jon James	
•	algnature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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