

L12000159489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

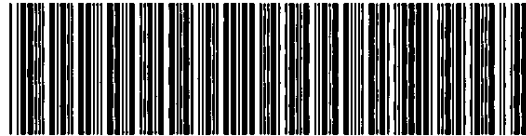
(Business Entity Name)

(Document Number)

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FILED
14 JUN 11 PM 12:06
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surf Spray Acrylic Decking & 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:

Michael Center

Name of Person

Surf Spray Acrylic Decking & Coatings LLC

Firm/Company

915 Cheyenne Dr.

Address

St. Cloud, FL 34771

City/State and Zip Code

surfsprayadc@gmail.com

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

For further information concerning this matter, please call:

Michael Center

Name of Person

at (

321 345-0121

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**

Surf Spray Acrylic Decking & 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 Company were filed on 12/21/12 and assigned Florida document number L12000159489.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Surf Spray Acrylic Decking & Coatings, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

915 Cheyenne Dr.

St. Cloud, FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

915 Cheyenne Dr.

St. Cloud, FL 34771

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Crystal Center

New Registered Office Address:

915 Cheyenne Dr.

Enter Florida street address

St. Cloud

City

, Florida 34771

Zip Code

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.


If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

☐ Add
JUN 1 PM 12:00
☐ Remove
☐ Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please update the address of MGRM Michael Center from 1106 Maryland Ave.

St. Cloud, FL 34769 to 915 Cheyenne Dr. St. Cloud, FL 34771

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **May 19**, **2014**.

Crystal Center

Signature of a member or authorized representative of a member

Crystal Center

Typed or printed name of signee

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Filing Fee: \$25.00

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14 JUN 11 PM 12:06
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