13000104981

(Re	questor's Name)	
(Ad	dress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
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(Do	cument Number)	•
Certified Copies	Certificate	e of Statue
Certified Copies	_ Certificates	s or Status
Consistingt: No.	File - Off	1
Special Instructions to	Hiling Officer:	
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Office Use Only



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2015 SEP -8 PM 3: 44
SECRETARY OF STATE

K.SALY EXAMINER SEP 1 0 2015



June 11, 2015

TSC COATINGS LLC TIEN H LE 5556 YAHL ST, STE. A NAPLES, FL 34109

SUBJECT: TSC COATINGS LLC Ref. Number: L13000104981

We have received your document for TSC COATINGS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00012307

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	T.S.C. Coming Name of Lin	tings LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tie	n Le Name of Person	
		Coatings LLC Firm/Company	
		Yahl St. Ste.	
	Naples	FL 34109 City/State and Zip Code	
	E-mail address: (2360Coctings. (to be used for future annual report notif	Com leation)
For further information co	oncerning this matter, please c		
Zink Name of	Lan Person	at (<u>239</u>) <u>961</u> Area Code Daytime	-5-380 Telephone Number
Enclosed is a check for th	e 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 ORGANIZATION

FILED

	OF	SEP - D
TSC Coative (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	SECRETARY OF STATE ORIDA
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{7/24}{}$	2013 and assigned
Florida document number <u> </u>	,	
This amendment is submitted to amend the following:	e de la companya de l	
A. If amending name, enter the new name of the limited lin	ability company here:	*5.p
Same	NIA	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	NIA
(Principal office address MUST BE A STREET ADDRESS)	*****	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some	~ IA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our recorere:	rds, enter the name of the new
New Registered Office Address:		
	Enter Florida street addi	ress
	, I	Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	

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

or remov	ed from our records:	B-,	
	Manager - Authorized Member		
<u>Title</u>	Name	Address	Type of Action
M&R	Tien Le	654 97" ave. N. Naples, FL 3	<u> 1498</u> □ Add
			Remove
			Change
			Add
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			Add Add TASE TI
			Add 2015 St. P-8 PM 3: 44 TALL THAS DEE: F Add TALL PROPERTY OF Remove
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			□ Remove

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Change Tien Le title: Authorized Representation	1e
TO Correct Title: Then Le Managing Member (M	6R)
La	
SECONET ALLAHA	T
ASSEE: 3	ED
STATE TO THE STATE OF THE STATE	
E. Effective date, if other than the date of filing: N/A (optional)	
E. Effective date, if other than the date of filing:	i(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated 9/2/15, Signature of a member or authorized representative of a member	
Tien H. Le Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00