

L14000 157759



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05/21/19--01011--022 **25.0

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(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FALL ANNASSEE, FLORIDA

JUN - 2 2019
T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Tier Commercial 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:

Hector Castro

Name of Person

First Tier Commercial Coatings LLC

Firm/Company

3018 Hickory Glen Dr

Address

Orange Park FL 32065

City/State and Zip Code

info@firsttierpainting.com

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

For further information concerning this matter, please call:

Hector Castro

904 868-0247

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

First Tier Commercial 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 10/1/14 and assigned Florida document number L14000157759.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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.

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If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	Angel Catale	3018 Hickory Glen Dr	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hector Castro	950-23 Blanding Blvd #311	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Jeff Catale	950-23 Blanding Blvd #311	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Melody Catale	3018 Hickory Glen Dr	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

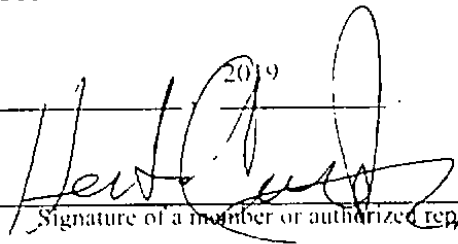
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The 90th day after the record is filed.

Dated June 19, 2019



Signature of a member or authorized representative of a member

Hector Castro

Typed or printed name of signee