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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SCORETARY OF STATE

SCORETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor		;	
SUBJECT: A	C Coatings Name of Umi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Josep	Name of Person	
		Firm/Company	
	4171 6	J Hillsboro C Address	blud = 13
	Pompan	Beach FL City/State and Zip Code	33073
	E-mail address: (a dip your car. C	cation)
For further information of	concerning this matter, please ca	all:	
Richard	Pollock of Person	at (<u>954</u>) <u>954- The Area Code Daytime</u>	726-2537 Telephone Number
Enclosed is a check for t	he 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

AFC Coating	s hhC		
(Name of the Limited Liability (A Florida	Company as it now appears or Limited Liability Company)	n our records.	
The Articles of Organization for this Limited Liability Co		0- 29- 15	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	:	
ACF Coatings L	hC		
The new name must be distinguishable and contain the yords "Limit	ted Liability Company," the desig	mation "LLC" or the abbrey	
Enter new principal offices address, if applicable:		77 cm	, <u>, , , , , , , , , , , , , , , , , , </u>
(Principal office address MUST BE A STREET ADDR	ESS)	12 12 12 12 12 12 12 12 12 12 12 12 12 1	() () (Secretary) () () () () () () () () ()
		gary y mya wat ma	1
	address, if applicable: UST BE A STREET ADDRESS) , if applicable:		
Enter new mailing address, if applicable:		: OR	س ک
(Mailing address MAY BE A POST OFFICE BOX)			8
			*
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ur records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature if changing Registered	Agent.		

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
			_ □ Remove
			☐ Change
		****	Remove
			☐ Change
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			☐ Remove*
			☐ Remove
			TOTAL BAdd
		**************************************	☐ Remove
			☐ Change

Effective date, if other than the date of filling: [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 605.02 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [If the 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 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) Pursuant to 605.02 the date of filing or more than 90 days after filing.) [If the date is listed in the date of filing or more th	lf ame	nding any other information, ente	er change(s) here: (Attach addi	tional sheets, if neces	sary.)	
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Filing Fee: \$25.00