

L16000039630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 2-4-2015  
BRUCE

August 17, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Coatings Samples Solutions Etc LLC  
Doc# L16000039630

To Whom It May Concern:

Please find enclosed an amendment request for a name change and both physical and mailing addresses changes for the above company. A check for the \$25 registration fee is enclosed.

Please send confirmation to registered agent:

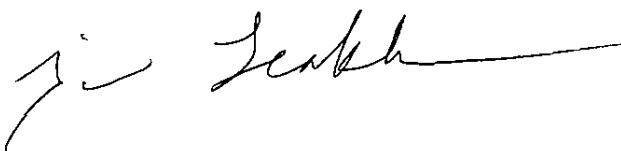
Rebekah Franklin  
5515 Summerland Hills Dr.  
Lakeland, FL 33812

Or

Manager / Owner:  
Timothy Franklin  
At the business address:

4798 S Florida Ave #237  
Lakeland FL 33813

If you have any questions, please call at (863) 398-8513.



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coatings Samples Solutions Etc 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:

Rebekah Franklin  
Name of Person

\_\_\_\_\_  
Firm/Company

5515 Summerland Hills Dr  
Address

Lakeland FL 33812  
City/State and Zip Code

coatingsolutionsetc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebekah Franklin at (863) 398-8513  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2016 AUG 22 A 11:12

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Coatings Samples Solutions Etc 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 2/25/2016 and assigned Florida document number L16000039630.

This amendment is submitted to amend the following:

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

Coatings Solutions Etc LLC

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)**

292 American Spirit Rd #109  
Winter Haven, FL 33880

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4798 S. Florida Ave #237  
Lakeland FL 33813

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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**

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

**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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 of:**

(b) The 90th day after the record is filed.

Dated August 17, 2010.

Jim Frank  
Signature of a member

Signature of a member or authorized representative of a member

Timothy L. Franklin  
Typed or printed name

Typed or printed name of signee