



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2016

TAMMIE ALLOE
1122 NORTHUMBERLAND CT
WELLINGTON, FL 33414

SUBJECT: FORCE ENTERPRISES COATINGS LIMITED LIABILITY COMPANY
Ref. Number: L16000059721

We have received your document for FORCE ENTERPRISES COATINGS LIMITED LIABILITY COMPANY and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 916A00022777

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORCE ENTERPRISES COATINGS LIMITED LIABILITY COMPANY
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:

TAMMIE ALLOE
Name of Person

Firm/Company

1122 NORTHUMBERLAND CT
Address

WELLINGTON FL 33414
City/State and Zip Code

TALLOE@FORCEENTERPRISES.NET
E-mail address: (to be used for future annual report notification)

RECEIVED
 2016 DEC - 1 PM 3:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH ALLOE at (561) 506-5448
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

this is corrected doc - check was already received. Thanks!

45

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

FORCE ENTERPRISES COATINGS LIMITED LIABILITY COMPANY

(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 3/25/16 and assigned Florida document number L16000059721.

This amendment is submitted to amend the following:

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

FORCE ENTERPRISES COATINGS, 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)

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tammie Alloe

New Registered Office Address:

1122 Northumberland Ct.

Enter Florida street address

Wellington

City

Florida

33414

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>
MGR	MARK VITALE	11560 SANDERLING DR	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 TALLAHASSEE

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


Multiple horizontal lines for amending information.

16 NOV 30 PM 1:29
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/15/14 (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


Signature of a member or authorized representative of a member

Temmie Alloe

Typed or printed name of signee