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COVER LETTER

Division of Corporations
SUBJECT: NEW WAVE COATINGS LLC Name of 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:
EARNEST DAVIS Name of Person
Name of Person
NEW WAVE COATINGS LLC Firm/Company
Title Company
P. O. Box 440098
Address
T. v. 12777
JACKSONVILLE, FL 32222 City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tot lattice into matter consorting and matter, present than
EARNEST S DAVIS at (904) S25-1326 Name of Person Area Code Daytime Telephone Number
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 Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited List (A Flor	billity Company as it now appears on our records.) rida Limited Liability Company)
Florida document number <u>L170000753</u> This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD)	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 440098 Jack Sonville, FC 32222
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new ddress here</u> :
Name of New Registered Agent:	EARNEST S DAVIS
New Registered Office Address:	2754 SPOONVILLE TRAIL Enter Florida street address
	ORANGE PARK, Florida 32073 City Zip Code
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and	nt and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or; if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	YAJAIRA MARTINEZ	4121 E BUSH BIND	Add
		TAMPA, FL 33617	Remove
			Change
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Filing Fee: \$25.00