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March 4, 2019

NEW WAVE COATINGS LLC 4121 E BUSH BLVD STE 521 TAMPA, FL 33617

SUBJECT: NEW WAVE COATINGS LLC

Ref. Number: L17000075346

We have received your document for NEW WAVE COATINGS LLC and your check(s) totaling \$30.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White Regulatory Specialist III

www.sunbiz.org

Letter Number: 219A00004423

COVER LETTER

CHDIECT.	NEW WAVE COATINGS LI	LC	15.		
SUBJECT:	Name of Limi	ited Liability Company	J. J		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:	- • · · · · · · · · · · · · · · · · · ·		
		EARNEST S DAVIS			
		Name of Person			
	NEW WAVE COATINGS LLC				
Firm/Company			<u> </u>		
	573 OAKLI	EAF PLANTATION PKWY, UNIT	137		
		Address			
	ORANGE PARK, FL 32065				
City/State and Zip Code					
		esdavis1990@gmail.com			
Ear further information	E-mail address: () concerning this matter, please ca	to be used for future annual report notif	ication)		
	concerning this matter, please ea				
EARNEST S DAVIS		904 525-1326 at ()			
Name o	of Person	Area Code Daytime	: Tetephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

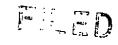
Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



2019 MAR 28 PM 5: 12 NEW WAVE COATINGS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/04/2017 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L17000075346 Florida document number 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida ___ 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>	Address	Type of Action
MGR URVICK ST. J	URVICK ST. JEAN	573 OAKLEAF PLANTATION	_ ⊋ Aḋd
		PKWY UNIT 137	
			Remove
		ORANGE PARK, FL 32065	☐ Change
			D Add
			□ Remove
			Change
			Add
		 	☐ Remove
			Change
			
			☐ Remove
			Add
			☐ Remove
			☐ Change
-			Add
			□ Remove
			Change

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If an e Note:	tive date, if other than the date of filing:
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Earnest Davis Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00