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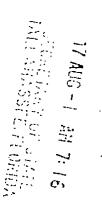
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: 5 F COATINGS Name of Limit	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-		
Please return all correspondence concerning this matter t	to the todowing:	
PAUL BO	SDAN III Name of Person	
_ SFCOA	TINGS LLC Firm/Company	
5351 W HILLS	BORD RUD. #20	8
<u>COCONUT</u> C	ZEEK FL 33073 City/State and Zip Code	
	O be used for future annual report nouti	eation)
For further information concerning this matter, please ca	11:	
David 2-60	CEL 1000	0/39
YAUL BOGDAN III Name of Person	at (<u>954</u>) <u>892 - 1</u> Area Code Daytime	Telephone Number
		·
Paul vod i vadande Contha fellowing on your	1	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee S30.00 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 P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions tter Circle
	Tallahassee, FL 323	UI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florid	la Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1700009351</u>	Company were filed on <u>27 APCIL 2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, enter the name of the new dress here:
New Registered Office Address:	
	Enter Florida street address Florida City: City: Florida
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address. I hereby confirm that the limited liability
	N/A
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	e must be specific and cannot bais block does not meet the	e prior to date of filing or more the applicable statutory filing rec	(optional) nan 90 days after filing.) Pursuant to 605,020 quirements, this date will not be listed a
record specifies a dela The 90th day after the		ut not an effective time	ϵ , at 12:01 a.m. on the earlier
ated 27 JULY 2	2017 20	17.	

Page 3 of 3

Filing Fee: \$25.00)