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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Tallahassee, FL 32314

	ration Se on of Cor	ction porations		
No	on Slip Su	rfaces LLC	•	
SUBJECT: _		Name of Lim	ited Liability Company	
		Nume of the	ned manny Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	i согтеѕро	ndence concerning this matter	to the following:	
		J.R. Miller		
			Name of Person	
		Non Slip Surfaces LLC		
			Firm/Company	
		8388 S. Tamiami Trail Suit	c 122	
			Address	
		Sarasota Florida 34238		
		nonslipservices@gmail.com	City/State and Zip Code	- -
		E-mail address: (to be used for future annual report no	tification)
For further info	rmation co	oncerning this matter, please ca	all:	
J.R. Miller			941 914-4239	
	Name of	Person	at () Area Code Daytin	me Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Fili		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	S	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	g Addres	s:	Street Address:	
Regis	tration S	Section	Registration S	
		orporations	Division of Co	-
P.O. 1	Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Non Stip Surfaces LLC	នៅ ខ្មែរ 3 Aii ii	: 24
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records mited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	FIA	orida
	City	Zin 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 argending 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 ZZZ SZZ 13	Mi i0: 24	Type of Action
MGR	Anna Truncova	8388 S. Tamiami Trail Suite 122 Sarasot		
	-		<u> </u>	🖬 Add
			+-	□Remove
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an effecti lote: If t ocument	date, if other than the date of filing:
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	$\frac{9-8}{1}$
Pated	Signature of a member or authorized representative of a member