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COVER LETTER

Divi	ision of Corp	oorations		
SUBJECT:	VM POWD	ER COATING, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	dence concerning this matter t	o the following:	
		BRANDON V. WOODWA	RD, ESQ.	
			Name of Person	<u> </u>
		THE LAW OFFICE OF BE	RANDON WOODWARD, P.A.	
			Firm/Company	
27 S.E. OCEAN BOULEVARD				
			Address	
		STUART, FL 34994		
		JOHNNY@VMIRONWOR	City/State and Zip Code K.COM	
		E-mail address: (to	o be used for future annual report notifi	cation)
For further in	formation co	ncerning this matter, please ca	11:	
BRANDON	v. woodw	ARD, ESQ.	772 497-6544 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
≌ \$ 25.00 Fi	iling 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:

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VM POWDER COATING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2013 And assigned OCTOBER 12, 2018 The Articles of Organization for this Limited Liability Company were filed on L18000241789 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 "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: New Registered Office Address: Enter Florida street address City

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>	Name	Address	Type of Action
AMBR	VINCENZO MARZELLA	1861 SW POMA DRIVE PALM CITY, FL 34990	■ Add
			Remove
			Change
AMBR	DARREN MARZELLA	1861 SW POMA DRIVE PALM CITY, FL 34990	■ Add
			□ Remove
			☐ Change
AMBR	MARIE-ANN HEVERON	1861 SW POMA DRIVE PALM CITY, FL 34990	
			☐ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
		·	

D. 11 un	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing: OCTOBER 12, 2018 (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	OCTOBER 30 2018
	Signature of a member or authorized representative of a member
	GIOVANNI LORUSSO
	Typed or printed name of signee

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Filing Fee: \$25.00