L19000002779

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400421883224

01/16/24--01012--002 ++25.00



COVER LETTER

TO: , Registration Se Division of Cor		:	,
	p Coatings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan Ramoo		
		Name of Person	
	Charged Up Coatings, LLC	•	
		Firm/Company	
	585 Ed Douglas Rd		
		Address	
	Groveland, Florida 34736		
		City/State and Zip Code	
	ChargedUpCoatings@gmai	Leom to be used for future annual report noti	fication)
For further information c	concerning this matter, please c		
Ryan Ramoo		813 450-4694	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount.		
■ \$25.00 Filing 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 radditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charged Up Coatings, LLC (Name of the Limi	ted Liability Compa	ny as it now appears on our Liability Company)	records.)
	(A Florida Limited	Liability Company)	_
he Articles of Organization for this Limited L		were filed on 12/31/2018	and assigned
orida document number L19000002779	·		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
harged Up Home Solutions, LLC			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A	
			*:
. If amending the registered agent and/or	registered office	address on our records,	enter the name of the new registe
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	N/A	- ~:-	
New Registered Office Address:	N/A		, ,
New Registered Office Address.		Enter Florida street	address
		City	Zip 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 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
			□Add
			Remove
			□ Change
			BbAC
			□Remove
			□Remove
			Change
			□ Remot
			Tilliange
			□Add
			□Remove
			☐ Change
			СКето:-
			Thann

Page 2 of 3

N/A					
		<u>-</u>			
		_			
		_	· · ·		
-					
		 .		<u>.</u>	
				1000 L	
					
					·
		<u></u>			
·					
		1.11			
					
				<u></u>	
ctive date, if other th	aan the date of filit	ng:		(optio	nali
effective date is listed, the e: If the date inserted inment's effective date of	date must be specific ar n this block does not	nd cannot be prior to meet the applicat	date of filing or mo de statutory filing	re than 90 days after	filing.) Pursuant to 605
record specifies a c ne 90th day after t			an effective tii	me, at 12:01 a	.m. on the earlie
January 5th		2024			
Payer	Faver Signature of :		- <i>'</i>		
	Signature of a	a member or author	zed representative o	f a memoe:	