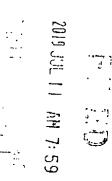
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: <u>Garage Experts of East Orlando LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Miller Name of Person
Garage Experts of East Orlando LLC Firm/Company
Lolo 7 Fosters Grove Loop
Oviedo FL 32765 City/State and Zip Code Thomas.miller @ garage experts. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Miller at (321) 558-4464 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 3-14-19 and assigned Florida document number _ L/9000072116 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miller's Epoxy Flooring LLC

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: Same (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 _____ 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
		****	Remove
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		-	□ Remove
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			Change
			Remove
			□ Change

D. If amending any other information	, enter change(s) here: (Attack	h additional sheets, if i	necessary.)
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	<u> </u>		
C. Effective date, if other than the dat (If an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statu	(o filing or more than 90 days tory filing requirements,	ptional) ifter filing.) Pursuant to 605.0207 (3 this date will not be listed as th
the record specifies a delayed ef b) The 90th day after the record		ective time, at 12:0	1 a.m. on the earlier of:
Dated July 8 th	2019. 2019. nature of a member or authorized representation.	esentative of a member	
Thomas	A. Miller Typed or printed name of	signee	