L19000113684

| (Requestor's Name) |
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| , , , , , , , , , , , , , , , , , , , |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Security Division of Cor | ction porations | | |
|-----------------------------|---------------------------------------|--|---|---|
| (11 I N 1 | nor | C2 Custom Coatings LLC | | |
| SOBI | ECT: | Name of Limit | ted Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | o the following: | |
| | | Kevin Clark | | |
| | | **** | Name of Person | |
| | | C2 Custom Coatings | LLC | |
| | | | Firm/Company | |
| 6060 28th Street E. Suite 1 | | | | |
| | | | Address | |
| | | Bradenton, FL 3420 | 3 | |
| | | c2powder@gmail.com | City/State and Zip Code | |
| | | E-mail address: (t | o be used for future annual report notifi- | cation) |
| For fu | rther information co | oncerning this matter, please ca | II: | |
| | Kevin Clark | | 941 404-2671 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclo | sed is a check for th | ne following amount: | | |
| □ \$2 | 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 (additional copy is enclosed) |

MAILING ADDRESS:

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 OF

| C2 Custom Coatings LLC | | | |
|--|---|----------------------------|-----------------------|
| (A Flor | pility Company as it now appea rida Limited Liability Company) | ers on our records. | |
| e Articles of Organization for this Limited Liability orida document numberL19000113684 | Company were filed on | 04/25/2019 | and assigned |
| s amendment is submitted to amend the following: | : | | |
| If amending name, enter the new name of the li | mited liability company h | <u>ere</u> : | |
| new name must be distinguishable and contain the words "L | limited Liability Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| ter new principal offices address, if applicable: | | | . |
| rincipal office address MUST BE A STREET ADI | DRESS) | | |
| iter new mailing address, if applicable: **Idailing address MAY BE A POST OFFICE BOX**) | | | |
| If amending the registered agent and/or registered agent and/or the new registered office ac | | n our records, <u>ente</u> | r the name of the |
| Name of New Registered Agent: | | | SS T |
| New Registered Office Address: | Enter Flo | orida street address | is in |
| | City | Florida _ : | Zip t G ode |
| | | | |

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 |
|--------------|--------------|--|---|
| AMBR | Kevin Clark | 1215 Benedict Court Sarasota, FL 34237 | Ddd |
| | | | □ Remove |
| | | | _ ■ Change |
| AMBR | Ronald Clark | 11405 Hawick Place Lakewood Ranch, FL 34202 | ■ Add |
| | | | □ Remove |
| | | | ☐ Change |
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| Effective date if | other than the date of f | iling: | (or | ptional) |
| (If an effective date is | listed, the date must be specific | c and cannot be prior to date of not meet the applicable statu | filing or more than 90 days a | fter filing.) Pursuant to 605 |
| | ive date on the Department | | B | |
| | | | | |
| he record spec The 90th day | ifies a delayed effectiv after the record is fil / | ve date, but not an eff led. | ective time, at 12:0 | 1 a.m. on the earli |
| Dated | 6/3 | 2019/ | > _ | ~ |
| | / | X | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00