## L1900029308C

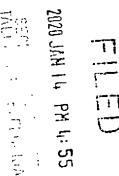
(	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
I	(Document Number)
Cenified Copies	Certificates of Status
Special Instructions	to Filing Officer





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## COVER LETTER

Registration Section

**Division of Corporations** 

TO:

SUBJECT: The Conting	Man L	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Amendment an	d fee(s) are sub	mitted for filing.	
Please return all correspondence concern	ning this matter	to the following:	
w://	ord Go	tes III	
$C_{0}\sigma_{3}$	ting M	M LLC Firm/Company	<del></del>
787	5-81	US 30 \	
Bryc	eville	City/State and Zip Code  City/State and Zip Code  Comparing Mon. Com  to be used for future annual report noti	
Trey	E-mail address:	to be used for future annual report noti	fication)
For further information concerning this	matter, please c	all:	
Willard Gotes III Name of Person	· 	at (SSS) 262- Area Code Daytim	8872 e Telephone Number
Enclosed is a check for the following an	nount:		
■ \$25.00 Filing Fee □ \$30.00 F  Certific	iling Fee & ate 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		Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Coating Man LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>as it now appears on our records.</u> ) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 2930 84</u> .	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Coating Man LLC	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	7875-81 US 301
(Principal office address MUST BE A STREET ADDRESS)	Bruchville, Fl 32007
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7875-81 US 301 = 17 Bryceville, FL 32009 = 17
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	<u>-</u> . <b>∪</b>
Name of New Registered Agent: Willow	Gates III
New Registered Office Address: 7875-	S US 30   Enter Florida street address
Brycevi	11e Florida 32009 Zip Code

Yew Registered Agent's Signature, if changing Registered Agent:

'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>	<u>Address</u>	Type of Action
NGR	Willard Gates III	7875-81 US 301	□Add
		Bryceville, FL 32009	□Remove
			it change
			□Add
			□Remove
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			□Change

	UPAQTE EIN: 84-4061799
an c Note	ctive date, if other than the date of filing: \( \) \(
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	Willard Cotes III
ate	
)ate	Willard Cotes III
ate	Willard Cotto III  Signature of a member or authorized representative of a member

Filing Fee: \$25.00