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COVER LETTER

	Registration Se Division of Cor			
CHD IEZ"	RS PRO FL	O'ORING SERVICES LLC		
SUBJEC	··	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		JOYCE NASCIMENTO		
			Name of Person	
			Firm/Company	
		7411 VICTORIA CIR		
		ORLANDO, FL 32835	Address	
		——————————————————————————————————————	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furthe	er information c	oncerning this matter, please ca	all:	
			at ()	me Telephone Number
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres Registration S		<u>Street Address:</u> Registration S	ection
	Cegistration : Division of C		Division of Co	
	P.O. Box 632	-	The Centre of	•
-	l'allahassee, l	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RS PRO FLOORING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company wer	e filed on 04/14/2020	and assigned
Florida document number L20000102506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
RS EPOXY MASTER COATING LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbr	eviation "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 addragent and/or the new registered office address here:	ess on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	ZhSode "
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	. · · · · · · · · · · · · · · · · · · ·	P [7]
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as proving filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	o act in this capacity. I further agre formance of my duties, and I am fu ided for in Chapter 605, F.S. Or.;	c to comply with the milian with and this document is

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	=	Antl	oriza	ed	Mι	ml	101
	_	Auu	IUI IZI	cu.	: 11	HILL	w

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		<u></u>	□Remove
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(It an effective Note: If the	ate, if other than t date is listed, the date i date inserted in this effective date on the	must be specific a s block does not	nd cannot be prior I meet the applic	cable statutory f	or more than 90 day	(optional) ys after filing.) Pe its, this date wil	rsuant to 605,0207 (I not be listed as t
he record spec ord is filed.	rifies a delayed effec	ctive date, but n	ot an effective t	ime, at 12:01 a.	m, on the earlier	of: (b) The 9	Oth day after the
Dated OCTO	OBER 20TH		2021				
_		Sympature of	a member or auth	orized represents	tive of a member	•	
		_	_	ARVAL ted name of signo			