LZ0000129401

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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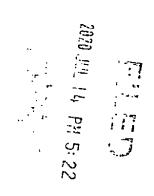
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AUG 25 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KEUS DESIGNE Name of Limite	R COATINGS, LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
BRIANT	3. BOURNE Name of Person
KEYS UE	ESIGNER COATINGS, LLC Firm/Company
830 Nolu	JOOD AVE
KEYSDESIG	City/State and Zip Code GNERCOATNGS @GMAIL.
Te-mail address: (to For further information concerning this matter, please call	be used for future annual report notification)
BRIAN BOURNE Name of Person	at (305) 896-6538 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	GNER COATME	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>L200001294</u>	Company were filed on MAU 13	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		LC" or the abbreviation "L.E.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new registere
Name of New Registered Agent:	BRIAN B BOW	2NE
New Registered Office Address:	Enter Florida street ada	hress
		FloridaZip 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
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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If an effect Note: 1f	tive date is listed, to the date inserted at's effective date	the date must b d in this blocl	e specific and k does not r	d cannot be meet the ap	oplicable sta		e than 90 day	s after tiling.)		
ne record : ord is filed	specífies a delay d.	ed effective d	ate, but not	t an effecti	ve time, at 1	2:01 a.m. or	the earlier	of: (b) The	90th day afte	er the
	JUNE 19	<u>b</u>		202	<u>O</u> .					
Dated		/ 11	12							
Dated <u>.</u>	+		*		<u>-</u>					
Dated <u>.</u>			gnature of a	member or	authorized re	presentative o	l'a member			