

L20 000 173310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

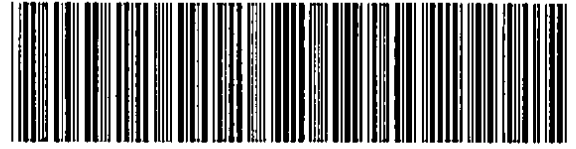
(Business Entity Name)

(Document Number)

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2020 JUL 31 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 2 0 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: POWDER COATING PLUS LLC

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:

MATT MARTIN

Name of Person

POWDER COATING PLUS LLC

Firm/Company

11161 E SR 70, suite 110-130

Address

LAKEWOOD RANCH, FL 34202

City/State and Zip Code

matt.d.martin12@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATT MARTIN

401 529-8761
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
AMBR	DAVID SPURLOCK	1213 BRISTOL OAKS WAY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW MARTIN	11161 E SR 70, SUITE 110-130	<input type="checkbox"/> Add
		LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE

2020 JUL 31 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: JUNE 22, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 29, 2020



Signature of a member or authorized representative of a member

MATTHEW MARTIN

Typed or printed name of signee

Filing Fee: \$25.00