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STP 20 271

COVER LETTER

TO:

POWDER SUBJECT:	COATING PLUS LLC		
зовлест:	Name of Lin	nited Liability Company	
The enclosed Articles of	Name of Limited Liability Company nclosed Articles of Amendment and feets) are submitted for filing. return all correspondence concerning this matter to the following: MATT MARTIN		
Please return all correspondence	ondence concerning this matter	to the following:	
	MATT MARTIN		
		Name of Person	
	POWDER COATING PL	US LLC	
		Firm/Company	
	11161 E SR 70, suite 110-	-130	
		Address	
	LAKEWOOD RANCH, F	FL 34202	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
MATT MARTIN			
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			action
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

POWDER COATING PLUS LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000173310	were filed on JUNE 22, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "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 agent and/or the new registered office address here:	address on our records, enter the n	2020 JUL 3 A Domewrenstere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	City	zip Cone
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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	DAVID SPURLOCK	1213 BRISTOL OAKS WAY	= Add
		ORLANDO, FL 32825	□Remove
			Change
MGR	MATTHEW MARTIN	11161 E SR 70, SUITE 110-130	
		LAKEWOOD RANCH, FL 34202	
			All SSEE FL
			□ Remove
			□Change
			□Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing: st be specific and cannot ock does not meet the	e applicable statu	filing or more than 90 story filing requirem	(optional) days after filing.) Pursi ents, this date will n	nant to 605.0207 not be listed as
e record specifies a delayed effectived is filed.	e date, but not an effe	ective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th	n day after the
	2020	0			
Dated		· · · · · ·			
Dated JULY 29	Signature of a member	,	resentative of a memb	er	

Filing Fee: \$25.00