

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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H220001750373ABC.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS SOLUTIONS & ACCOUNTING LLC  
Account Number : 120210000168  
Phone : (407)203-8576  
Fax Number : (407)203-8576

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: vanjopi@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CENTRAL FLORIDA RESIN QUEENS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 MAY 17 AM 11:25

2022 MAY 17 AM 9:44

APPROVED  
AND  
FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CENTRAL FLORIDA RESIN QUEENS 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:

IRMALUZ V RIOS

\_\_\_\_\_  
Name of Person

ELITE EPOXY OF CENTRAL FLORIDA LLC

\_\_\_\_\_  
Firm/Company

3226 ANTHONY DR

\_\_\_\_\_  
Address

ST CLOUD, FL 34771

\_\_\_\_\_  
City/State and Zip Code

VANJOPI@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA P VENTURA

201 658-4981

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CENTRAL FLORIDA RESIN QUEENS 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 were filed on 08-03-2020 and assigned  
Florida document number L20000232718.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ELITE EPOXY OF CENTRAL FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

3226 ANTHONY DR

ST CLOUD, FL 34771

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3226 ANTHONY DR

ST CLOUD, FL 34771

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

3226 ANTHONY DR

*Enter Florida street address*

ST CLOUD

*City*

Florida

34771

*Zip 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**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE THE NAME OF THE COMPANY FROM : CENTRAL FLORIDA RESIN QUEENS LLC

TO : ELITE EPOXY OF CENTRAL FLORIDA LLC

CHANGE THE ADDRESS FROM : 6441 S CHICKASAW TRL 198 ORLANDO, FL 32829

TO : 3226 ANTHONY DR, ST CLOUD, FL 34771

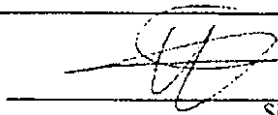
**E. Effective date, if other than the date of filing:** 05-17-2022 **(optional)**

*(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 05-17- 2022



Signature of a member or authorized representative of a member

IRMALUZ V RIOS

Typed or printed name of signee