# L20000329536

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL ARASSEE FI

### **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: Re	Jes Epoxy Longone of Lim	LC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
For further information c	360 Stesti  Apopka to Stesti  Yeyese por te-mail address: (	Reyes  Kame of Person  Doxy LL C  Ifirm/Company  NG Pose CT  Address  Cliy/State and Zip Code  (VO 9ma 1/2 com  If be used for future annual report notificall:  at (32/2) 299  Area Code Daytime	fication)	2022 OCT -6 PM 3: 09 SECRETARY OF STATE SECRETARY OF STATE	
Enclosed is a check for the	ne following amount:				
72 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres	s:	Street Address:			

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

110

17é y e.S. E POX)	Company as it now appears on a	ur records )
(A Florida Li	Company as it now appears on o mited Liab(lity Company)	ur (CCOCOS.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L26000329836</u> .		- 19 - 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designat	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	一
		2022 OCT -6 PH 3: 09 SEGRETARY OF STATE ANASSEE, FIL
		SS P
Enter new mailing address, if applicable:		ms w
(Mailing address MAY BE A POST OFFICE BOX)		77 09
		ri -
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		Florida
	Ciţy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

12

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 Type of Action Address Title Name 1 MGR Rolando Reyes □Remove  $\Box$ Change AMBR Rolando Reyes 360 Sterling Rose CT Apopka WAdd Remove  $\square$ Add  $\square$ Remove ☐ Change □Remove □Remove

□ Change

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an effective date is liste of the listense of	ner than the date of fi ed, the date must be specific rted in this block does n date on the Department	e and cannot be prior to of meet the applica	o date of filing or mor ble statutory filing	(option e than 90 days after fil requirements, this d	ling.) Pursuant	t to 605,0207 be listed as
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record specifies a del lis filed.	layed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th da	ay after the
aled <u>Octobe</u>	2 × 4	2022				
	Signature	f a member or author	rized representative of	a member		<del></del>

Filing Fee: \$25.00