18886118813

Division of Corporations



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Division of Corporations

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From:

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Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERIT PROFESSIONAL COATINGS HOLDINGS, LLC

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* Pegé: 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18886118813

MERIT PROFESSIONAL COATINGS HOLDING		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L21000518144	ny were filed on <u>04/04/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or d	he 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 registered agent and/or the new registered office address he	office address on our records. <u>er</u> ere:	nter the name of the new
regimered agent and so the see		22 H
Name of New Registered Agent:		AY TO
New Registered Office Address:	EnterFloridastreetaddress	LED (NO)
	, Florida	ZipCode

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

To: +18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luigi Grippi	12901 North Florida Ave	
		Tampa Florida 33612	■ Remove
			□ Change
AMBR	Joanne Nicolo	12901 North Florida Ave	= Add
		Tampa Florida 33612	Remove
			☐ Change
AMBR	Anthony Verdorosa	12901 North Florida Ave	Add
		Tampa Florida 33612	Remove
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