

122000095327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

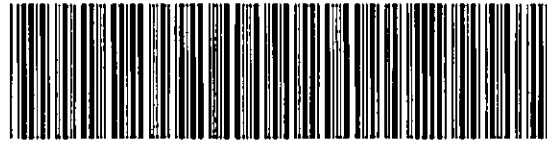
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received through email
4/5/2022

Member Signature

Office Use Only



100383622561

03/14/22--01029--006 **55.00

FILED
2022 APR -5 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 05 2022

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: TOP NOTCH FLOOR COATINGS 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:

BRIAN COTE
Name of Person

TOP NOTCH FLOOR COATINGS
Firm/Company

5465 SANDERS RD
Address

JACKSONVILLE FL 32277
City/State and Zip Code

brian.cote.2013@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayne DeLaRosa at (904) 370 9048
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (NA)

- ☐ \$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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP NOTCH FLOOR COATINGS 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:

BRIAN COTE
Name of Person

TOP NOTCH FLOOR COATINGS LLC
Firm/Company

5465 Snodgrass RD
Address

JACKSONVILLE FL 32277
City/State and Zip Code

brian.cote.2013@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN COTE at (904) 383 5274
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

FILED

TOP NOTCH FLOOR COATINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/29/22 and assigned
Florida document number L22000095327

This amendment is submitted to amend the following:

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

NA

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: NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NA

(Mailing address MAY BE A POST OFFICE BOX)

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: NA

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

NA

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

MUR	BRIAN COTE	5465 SANDERS RD	<input checked="" type="checkbox"/> Add
	318	JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32277	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

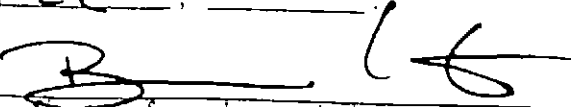
E. Effective date, if other than the date of filing: _____ (optional)

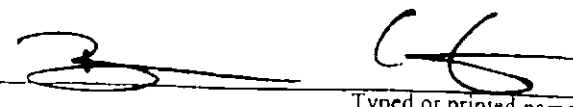
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 4/4/22


Signature of a member or authorized representative of a member


Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2022

BRIAN COTE
5465 SANDERS RD
JACKSONVILLE, FL 32277

SUBJECT: TOP NOTCH FLOOR COATINGS LLC
Ref. Number: L22000095327

We have received your document for TOP NOTCH FLOOR COATINGS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 622A00007088