7/22/22, 10:14 AM

Division of Corporations

Florida Department of State Division of Corporations Dictrodic Filing Cover Sheet

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To:

Page: 2 of 6

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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 EJA EPOXY LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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2022 JUL 22 PH 2: 52

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

Registration Section

TO:

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	EJA EPOX	Y LLC		
30000011		Name of Limite	ed Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are subm	uitted for filing.	
Please return	all correspo	ndence concerning this matter to	the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm-Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	<u>, </u>
		E-mail address: (to	be used for future annual report nouf	ication)
For further in	nformation co	oncerning this matter, please cal	t:	
Cheyenne M	toseley		800 773-0888 at ()	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	oc following amount:		
□ \$25.00 I	Thing 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJA EPOXY LLC					
(Name of the Limi	ted Liability Company (A Florida Lumted Liab	as it now appears on oday Company)	onr records.)		
The Articles of Organization for this Limited I	Liability Company w	ere filed on <u>06/06/</u>	2022	and ass	signed
Florida document number 1.22000256967	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabilit	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company, the design	nation "LLC" or the abl	oreviation "L	L.C.
Enter new principal offices address, if appli	cable: _			<u></u>	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>		 .	
r					
Enter new mailing address, if applicable:	· nav				
(Mailing address MAY BE A POST OFFICE	<u>. 100,07</u>				
B. If amending the registered agent and	Upr registered offi	ra addross on o	ur records enter	the name	of the n
registered agent and/or the new registered of		CC AGOICES ON O	874.		
			•	2022	
Name of New Registered Agent:		· <u></u> -			
New Registered Office Address:	30411 MARQUE			့ နေ	
		EnterFlorida:	streetaddress	:.;	-EU
	WESTLEY CHA		, Florida <u>33</u>	745 T	
		Çi ⁱ .		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
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

From: Richard Ye

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	Emily Adryan	30411 MARQUETTE AVE WESTLEY CHAPEL, FL 33545	
			□ Remove
			☐ Change
AMBR	John Adryan	4	□ Add
		30411 MARQUETTE AVE WESTLEY CHAPEL, FL 33545	■ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
			Add
			☐ Remove
			□ Chance

D.

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
,	
Nose	tive date, if other than the date of filing: [Coptional] flective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1.7/20/22 . W.
	Emily Angelon
	Signature of a member or authorized representative of a member
	Emily Adryan

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Typed or printed name of signee

Filing Fee: \$25.00