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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

		da Epoxy Coatings, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed Ar	ticles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all	correspo	ndence concerning this matter t	o the following:	
		Julio Lacayo		
			Name of Person	
		South Florida Epoxy Coatir	igs, LLC	
			Firm/Company	
		5099 NW 7th St Apt 806		
		1- 1-	Address	
		Miami, FL 33126-3478		
			City/State and Zip Code	
		jrlacayo@icloud.com		
		·	o be used for future annual report no	tification)
For further infor	rmation c	oncerning this matter, please ca	ll:	
Julio Lacayo			305 989-8822 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
□ \$25.00 Filir	ng 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)
	g Addres		Street Address: Registration S	ection
Registration Section Division of Corporations			Division of Corporations	
P.O. I	Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

South Florida Epoxy Coatings		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa		
Florida document number L23000190729		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited li	ability company bere:	
		2
The new name must be distinguishable and contain the words "Limited Li	ability 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	<u> </u>	
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recorus, y	mer the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacit lete performance of my dut as provided for in Chapter	· 605, F.S. Or, if this document is
	Changing Registered Agent, Sign	nature 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

<u> Fitle</u>	Name	Address	Type of Action
AR	Nahum Pineda	516 INDIGO JOHNSTON	
		JACKSONVILLE, NC 28546	Remove
			□ Change
			□Add
 "			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Change
			🖸 Add
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) ease add our EIN: 92-3630987
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If an eff Note:	ve date, if other than the date of filing: [Optional] ective 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 ent's effective date on the Department of State's records.
e recor ard is fi	d 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 ed.
Dated	May 3 2023
	Signature of a member or authorized representative of a member
	Julio Lacayo Typed or printed name of signce

Filing Fee: \$25.00