Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enger the email address for this business entity to be used for future ലട്ട്≨mnual report mailings. Enter only one email address please.

တ်မို့ Email Address:_

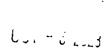
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLOR COAT LLC

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Corporate Filing Memu

Help



Page 2/4 10/5/2023 11:39.08 PDT To: 18506176383 Fax: 8134365206 From Registered Agents Inc.

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

Color Coat LLC		
(<u>Name of the Limited Liability</u> (A Fiorida)	Company as it now appears on our records.) Limited Liability Company)	
e Articles of Organization for this Limited Liability Co	ompany were filed on 05/26/2023	and assigned
orida document number L23000259968		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
endigo USA LLC		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
The state of the s		
		1
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered	office address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	·	
New negation value ranges.	Enter Florida street address	
	, Florie	da.
		Zip Code

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.

10/5/2023 11 39 68 PDT - -

To 13506176383

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From Registered Agents Inc

Fax 8134365206

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>	Name	Address	Type of Action
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		DRemove	
			[]Change
		. <u> </u>	□Add
			□Remove
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ffective date	, if other than th	ie date of filing:	<u> </u>		(optional)	
an effective dat	e is listed, the date m	ust he specific and c	cunnot be prior to dail	e of filing or more that	(90 days after filmg.) Proceedings this date wi	arsuunt to 605,0207 i Hanat he listed as t
ocument's off	ective date on the l	Department of St	ate's records	and the section	remember the director	
•	es a delayed effect	ive date, but not a	in effective time, a	t 12:01 a.m. on the	cartier of: (b) The 9	0th day after the
l is filed						
. 10/05			2023			
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Typed or printed name of signee