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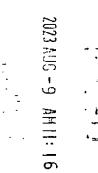
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COVER LETTER

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SUBJEC	<u> </u>	Name of Lin	aited Liability Company		2023 AUG
					3 AUG -9
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		· —
Please re	eturn all correspo	ondence concerning this matter	to the following:		AM II: 16
		Richard R. Robinson			16
		 	Name of Person		
		Inferior Designs LLC			
			Firm/Company		
		2101 W HWY 390 APT 20	06		
			Address		•
	Lynn Haven Florida 32444				
		SupremedesignsofBay@gm	City/State and Zip Code ail.com		
		E-mail address: (to be used for future annual report	notification)	
For furth	er information o	concerning this matter, please c	all:		
Kelly Ro	binson		229 254-9712		
	Name o	of Person	at () Area Code Da	ytime Telephone Number	
Enclosed	l is a check for t	he following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres		Street Address	 '	
Registration Section Division of Corporations			Registration	Section Corporations	
	P.O. Box 632			of Tallahassee	

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUS - 9	
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Inferior Designs LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/04/2023}{1}$ and assigned Florida document number __123000366840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Concrete Coating Technology LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 2101 W HWY 390 Enter new principal offices address, if applicable: APT 206 (Principal office address MUST BE A STREET ADDRESS) Lynn Haven, FL. 32444 210EW HWY 390 Enter new mailing address, if applicable: APT 206 (Mailing address MAY BE A POST OFFICE BON) Lynn Haven, FL. 32444 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			ZIDAdd ZIZ3 AUG Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	or more than 90 da filing requiremer	(optional) ys after filing, us, this date	Pursuant to 605.02 will not be listed :
record specifies a delayed effective date, but not an effective time, at 12:01 a. Lis filed.	.m. on the earlier	of: (b) The	e 90th day after th
ated August 06 2023			