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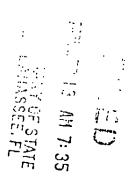
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09/13/24

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
	face Coatings LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analogue Assistance	f Amendment and fee(s) are sub	mitted for filing		
The enclosed Afficies o	Amendment and ree(s) are sub	mated for ming.		
Please return all corresp	ondence concerning this matter	to the following:		
	Brian Porter			
		Name of Person		
	Titan Surface Coatings I	rc		
	***	Firm/Company		
	1061 Harbour Drive			
		Address		
	Longwood, FI 32750			
		City/State and Zip Code		
	bluechipepoxy@gmail.co		- 1 4 - 1	
For further information	e-mail address: (to be used for future annual report n	ouncation)	
Brian Porter		407 697-2530)	
Name	of Person	at () Area Code Days	time Telephone Number	
Enclosed is a check for	the following amount:			
■ \$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 Addr		Street Address:		
Registration Division of	Corporations		Registration Section Division of Corporations	
P.O. Box 63	•	The Centre o	f Tallahassee	
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Surface Coatings LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rec ited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Comp	oany were filed on 4/02/2024	and assigned
orida document number L24000158254		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
lue Chip Epoxy Solutions LLC		
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	2)
		70 1 1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		72 1.1 (A)
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6. If amending the registered agent and/or registered off	ice address on our records, <u>en</u>	ter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	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.

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
			Add : : : : : : : : : : : : : : : : : : :
			Change CO NO A □ Change CO NO A □ Change CO NO A □ Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605
ffective date is listed, the date must be specific and cannot be prior to date of 1 If the date inserted in this block does not meet the applicable state	filling or more than 90 days after filling.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after th
9/09/2024 ated	

Filing Fee: \$25.00