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(Do	cument Number)	
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COVER LETTER

TO:	Registration So Division of Cor	ection epocations		
elib ie c	SV Home I	Improvements LLC		
20016	· Fi	Name of Lin	ited Liability Company	
		Hatem O Sader	·	
			Name of Person	···
			Firm/Company	
		Improvements LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:		
			Address	
		Kissimmee Floirda 34746		
			·	· · · · · · · · · · · · · · · · · · ·
		·		
				fication)
For furth	er information c	oncerning this matter, please c	all:	
Hatem C) Sader		919 4491584	
•	Name o	f Person	Area Code Duytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SV Home Improvements LLC		
(Name of the Limited Limbility Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L24000254213</u>	y were filed on June 04, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FL Coating Experts LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI.C" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2074
Principal office address MUST BE A STREET ADDRESS)		,
		CO
Enter new mailing address, if applicable:		77.3 77.3
Mailing address MAY BE A POST OFFICE BOX)		
	- 	9
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, 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
MGR Chris Vargas SR	Chris Vargas SR	4710 Revolutionary Way	
		Saint Cloud, FL	= n
		34769, US	
MGR Hatem O Sader	Hatem O Sader	2775 Red Apple Cir Apt 308	_
		Kissimmee, FL	≅ Add
			Remove
		34746, US	□Change
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
		□ Add	
	~~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Remove	
			Channe.

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
fan ef <u>Note:</u>	ive date, if other than the date of filing:  [Coptional]  [Coptional]
recor d 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 led.
)ated	July 8th 2024.
	Signature of a member of authorized representative of a member
	Hatem O Sader
	Typed or printed name of signee

Filing Fee: \$25.00