

L24000343326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

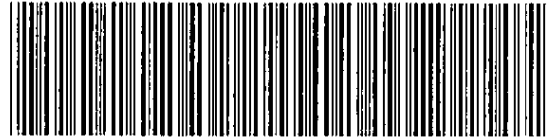
(Document Number)

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9/30/2024

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LCNIC & Amend

2024 OCT 21 AM 8:27
CLERK OF STATE
TOLSON

FILED

A. RAMSEY

OCT 22 2024

*00685, 0067



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2024

MICHAEL NEWBORN
AFFORDABLE EPOXY & FLOORING SOLUTIONS
14220 CHANCELLOR ST
FORT MYERS, FL 33905

SUBJECT: AFFORDABLE EPOXY & FLOORING SOLUTIONS LLC
Ref. Number: L24000343326

We have received your document for AFFORDABLE EPOXY & FLOORING SOLUTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 824A00022465

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Affordable Epoxy & Flooring Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Michael Newborn
Name of Person

Affordable Epoxy & Flooring Solutions LLC
Firm/Company

14220 chancellor st
Address

Fort Myers, Florida 33905
City/State and Zip Code

sales@swiicoatingsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Newborn at (239) 478-0126
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

*Not
9/30/24*

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

FILED

2024 OCT 21 AM 8:27

Affordable Epoxy & Flooring Solutions LLC

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

CLERK OF THE CLERK OF THE
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 5th, 2024 and assigned
Florida document number 124000343326

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SWEL Coating Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Michael Newborn</u>	<u>14220 chancellor st, Fort Myers, FL 33905</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Member</u>	<u>Douglas Dalzotto</u>	<u>1909 savona parkway, Cape Coral FL 33904</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3) bce

Dated September 24th, 2024

Arthur Miller

Signature of a member or authorized representative of a member

Michael Newborn

Typed or printed name of signee