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## **COVER LETTER**

	legistration Section Section of Cor			
		PRIME EPOXY & FLOORING	GLLC	
SUBJECT	r:	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		SANTIAGO LONDONO		
			Name of Person	
		DELUXEPRIME EPOXY	& FLOORING LLC	
			Firm/Company	
		312 FLINT ST		
			Address	
		HAINES CITY FL 33844		
			City/State and Zip Code	
		SLMEPOXYDELUXE@G		
		E-mail address: (	to be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please ca	all:	
Santiago	Londono		407 40757781 at ()	
	Name o	f Person	Area Code Days	ime Telephone Number
Enclosed	is a check for t	he following amount:		
፟፟ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
1	Mailing Addres	Section	Street Address: Registration	Section
	Division of C	=	Division of C The Centre o	
	P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELUXEPRIME EPOXY & FLO			<del></del>
(Name of the Limit	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited L lorida document number		7/08/2025	_ and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liability company h	ere:	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applic	cable:	· .	2027
Principal office address MUST BE A STREE			E 1
incipal office data ess most DE ASTREE	II I LUCIO LANG		2
			<del></del>
			PH '
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		<del>- ÷3</del> -
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our	records, enter the name	of the new regi
Name of New Registered Agent:	Santiago Londono		
New Registered Office Address:	312 FLINT ST		
THE TABLEST OF THE PARTY OF THE	Enter Flo	orida street address	
	HAINES CITY	, Florida	44
	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.

SGN+1990 LONDONO / 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
AMBR	Santiago S Londono	312 FLINT ST HAINES CITY FL 33844	□Add
			<b>Z</b> Remove
			□Change
AMBR	Santiago Londono	312 FLINT ST HAINES CITY FL 33844	2 <b>X</b> (Add
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				( 4' 1)	
fective date, if other than an effective date is listed, the date	n the date of 11h te must be specific a	ng: nd cannot be prior to	date of filing or more	than 90 days after filing	.) Pursuant to 605.0207
ote: If the date inserted in the	his block does not	meet the applicab	le statutory filing n	equirements, this date	will not be listed as t
ocument's effective date on (	ine Department of	State's records.			
			. 10.01	alian afordal T	ha With day after the
record specifies a delayed ef is filed.	tective date, but n	of an effective time	e, at 12:01 a.m. on	the earner or. (b)	ne som day after the
07/22/2025 ated		July 22 2025			
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			zed representative of		