

L200000 666652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

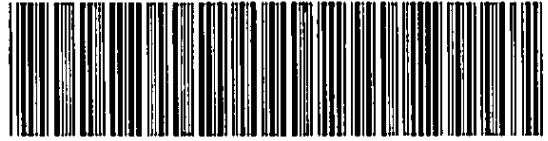
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Mr. Cole on 9/30/20
adding the 2 Ambr. @

Office Use Only



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2020 AUG 12 PM 12:47

O SIMMONS
SEP 30 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN PRECAST STRUCTURES, 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:

Roger W. Cole

Name of Person

AMERICAN PRECAST STRUCTURES, LLC

Firm/Company

905 PARK AVENUE, STE 102

Address

ORANGE PARK, FL 32073

City/State and Zip Code

ROGERWCOLE@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger W. Cole

904 657-6076

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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

2020 AUG 12 PM 12:47

AMERICAN PRECAST STRUCTURES, 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 02/28/2020 and assigned Florida document number L20000066652.

This amendment is submitted to amend the following:

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

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 offices address, if applicable:

10483 General Avenue

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32220

Enter new mailing address, if applicable:

10483 General Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32220

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** _____
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roger W. Cole	6198 Quiet Country Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dennis E. Effinger	8767 Huntington Woods Circle N	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert G. Neill	1248 Burgandy Trail	<input checked="" type="checkbox"/> Add
		St Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Myers	905 PARK AVENUE, STE 102	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 AUG 12 PHH: L7

E. Effective date, if other than the date of filing; _____ (optional)
(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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 10, 2020.

William Myers
Signature of member or authorized representative of a member

William Myers

Typed or printed name of signee