

104000091616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

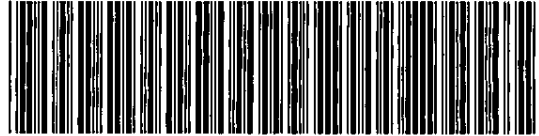
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200140298782

01/12/09--01021--017 \*\*30.00

FILED  
09 JAN 12 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. THOMAS

JAN 13 2009

EXAMINER

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: AMERICAN CONSUMABLES, 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:

RONALD M. GOLD  
(Name of Person)

AMERICAN CONSUMABLES, LLC  
(Firm/Company)

11119 HEATHROW AVE  
(Address)

SPRING HILL, FL. 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN L. GOLD at (352) 666-8622  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 12 AM 11:53

FILED

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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

AMERICAN CONSUMABLES, 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 12-20-2004 and assigned  
Florida document number LO 400091616.

This amendment is submitted to amend the following:

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

COMPLETE MACHINERY SERVICE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	GOLD, RONALYAN M.	11119 HEATHROW AVE SPRING HILL, FL 34609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GUYTON, JOHN R.	11119 HEATHROW AVE SPRING HILL, FL 34609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KIRK, GERALD M.	29 LONGBOW COURT SO. ELGIN, IL 60177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KIRK, YOLANDA	29 LONGBOW COURT SO. ELGIN, IL 60177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

Ronalyan M. Gold  
Signature of a member or authorized representative of a member  
RONALYAN M. GOLD  
Typed or printed name of signee

09 JAN 11 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED