

110 000020553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

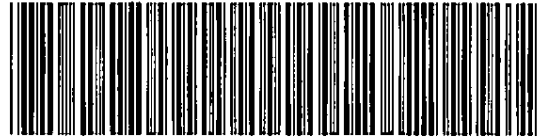
(Document Number)

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FILED  
2022 MAY -5 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAY 14 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Procrete ~~Systems~~ USA 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:

Jarrod D. White  
Name of Person

Procrete Systems USA LLC  
Firm/Company

546 37<sup>th</sup> Ave.  
Address

Vero Beach, FL 32968  
City/State and Zip Code

jarrod@procreteusa.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jarrod White at 772 713-0289  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (already paid 4/11/22)

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

FILED

2022 MAY -5 PM 2: 09

Procrete Systems USA LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/9/22 and assigned  
Florida document number L10000020553.

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:

(Principal office address MUST BE A STREET ADDRESS)

546 37th Ave.

Vero Beach, FL 32968

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

PO Box 672

Vero Beach, FL 32961

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:

Jarrod D. White

New Registered Office Address:

546 37th Ave.

Enter Florida street address

Vero Beach

City

Florida

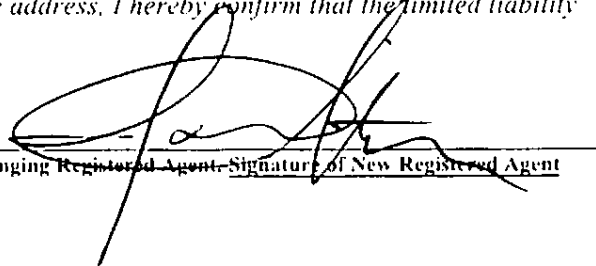
32968

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Jarod D. White</u>	<u>546 37<sup>th</sup> Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Vero Beach, FL 32968</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Gregory Chapman</u>	<u>2435 4<sup>th</sup> St.</u>	<input type="checkbox"/> Add
		<u>Vero Beach, FL 32962</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jarod D. White</u>	<u>546 37<sup>th</sup> Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Vero Beach, FL 32968</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Gregory Chapman</u>	<u>2435 4<sup>th</sup> Street</u>	<input type="checkbox"/> Add
		<u>Vero Beach, FL 32962</u>	<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: (Indicate the date of amendment.)

E. Effective date, if other than the date of filing: 3/9/22 (optional)

NOTE: If the effective date is other than the date of filing, the effective date must be a date on which the invention was made or first used in public. The effective date must be a date on which the invention was made or first used in public. The effective date must be a date on which the invention was made or first used in public.

Effective date of the invention. Effective date, if other than the date of filing, must be a date on which the invention was made or first used in public.

Date April 31, 2022

Gregory J. Chapman

Gregory J. Chapman  
Inventor

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY -5 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FL

April 25, 2022

JARROD WHITE  
546 37TH AVE.  
VERO BEACH, FL 32968

SUBJECT: PROCRETE SYSTEMS USA LLC  
Ref. Number: L10000020553

We have received your document for PROCRETE SYSTEMS USA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 022A00009551