

L17000049921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

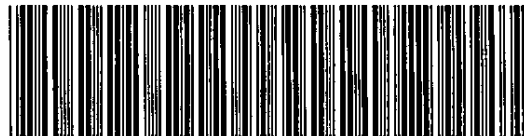
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600305387006

11/09/17--01020--004 \*\*30.00

FILED  
17 NOV -9 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

NOV 13 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ameri Mex Industrial Unlimited 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:

Allison Vinson  
Name of Person

Ameri Mex Industrial Unlimited LLC  
Firm/Company

865 S. Kings Hwy.  
Address

Ft. Pierce, FL, 34945  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lawrence Vinson at (772) 212-3134  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

AmeriMex Industrial Unlimited 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 March 3, 2017 and assigned Florida document number L17000049921

This amendment is submitted to amend the following:

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

N/A

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)**

865 S. Kings Hwy.

Ft. Pierce, FL. 34945

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

865 S. Kings Hwy.

Ft. Pierce, FL. 34945

**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:

Lawrence L. Vinson

New Registered Office Address:

865 S. Kings Hwy.

Enter Florida street address

Ft. Pierce

City

Florida

34945

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**

FILED  
MAR -9 AM 11:13  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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>
MGR	Allison T. Vinson	274 SW Kestor Dr.	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martin B. Chalico	209 Hickory Lane	<input type="checkbox"/> Add
		Et. Pierce, FL 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lawrence L. Vinson	298 NE Surrey St.	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34983	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED  
17 MAY -9 AM 11:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

[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)(b)

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.

  
Signature of a member or authorized representative of a member

Allison Vinson  
Typed or printed name of signer

FILED  
17 NOV -9 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA