

LIB0000SS092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

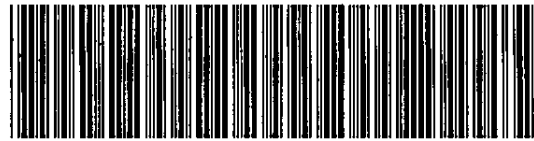
(Business Entity Name)

(Document Number)

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376/1875



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2018

TERRELL LYNN DEASON  
6895 OSER RD  
MILTON, FL 32570

SUBJECT: ALL CAPACITY CONTRACTORS, LLC  
Ref. Number: L18000055892

We have received your document for ALL CAPACITY CONTRACTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00005241

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2018 MAR 26 PM 1:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 1:32  
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 3:10

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All Capacity Contractors, 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:

Terrell Lynn Deason  
Name of Person  
All Capacity Contractors, LLC  
Firm/Company  
6895 Oser Road  
Address  
Milton, FL 32570  
City/State and Zip Code  
allcapacitycontractors@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrell Deason at ( 850 ) 748-3967  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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

All Capacity Contractors

(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 03/02/2018 and assigned Florida document number L18000055892.

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)**

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

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

**(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:

\_\_\_\_\_

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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|-----------------|------------------|--|
| MGRM         | Deason, Terrell | 6895 Oser Road   | <input type="checkbox"/> Add               |
|              |                 | Milton, FL 32570 | <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            |
|              |                 |                  | <input type="checkbox"/> Add               |
|              |                 |                  | <input type="checkbox"/> Remove            |
|              |                 |                  | <input type="checkbox"/> Change            |
|              |                 |                  | <input type="checkbox"/> Add               |
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|              |                 |                  | <input type="checkbox"/> Change            |
|              |                 |                  | <input type="checkbox"/> Add               |
|              |                 |                  | <input type="checkbox"/> Remove            |
|              |                 |                  | <input type="checkbox"/> Change            |

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/21/2010 BY 60322  
UCBAW/STP/STP

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

Please change the mailing address listed from  
6895 Oser Road Milton, FL 32570 to  
PO Box 3812 Milton, FL 32572

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

2018 MAR 26 P 3:10  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
SOUTH DISTRICT  
see attached

To whom it may concern,

Please remove Terrell Lynn Deason from being an officer of All Capacity Contractors. We will be leaving Dillion Smith as the only officer of the company.

EIN# 82-4615279

Thank you,



Terrell Deason



Dillion Smith

ALL CAPACITY CONTRACTORS  
1411 BROADWAY, SUITE 100  
ALBUQUERQUE, NM 87102

2010 MAR 26 PM 3:40

701.651.1234