

L18000172042

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210002607563ABC\$

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321)951-7626
Fax Number : (321)723-8218

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: shellenback Jim@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMPSURFACTANTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 07 2021

A. LUNT

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TALLAHASSEE FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 JUL -6 AM 9:26

COVER LETTER

H210002607563

**TO: Registration Section
Division of Corporations**

SUBJECT: AMPSURFACTANTS, 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:

JENNI JOHNSON

Name of Person

ALRON CORPS, INC.

Firm/Company

3990 MINTON ROAD

Address

W MELBOURNE, FL 32904

City/State and Zip Code

shellenbackjim@gmail.com

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

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DIVISION OF CORPORATIONS
21 JUL - 6 AM 9:26

For further information concerning this matter, please call:

JENNI JOHNSON

at (321) 951-7626

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMPSURFACTANTS, 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 07/17/2018 and assigned
Florida document number L18000172042.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

City

Florida

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

THE LLC AMENDS ARTICLE III OF ITS ARTICLES OF ORGANIZATION TO READ AS FOLLOWS:

ARTICLE III: OTHER PROVISIONS, IF ANY: NATURE OF BUSINESS

THIS LLC MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS

PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE, COUNTRY, TERRITORY, OR NATION.

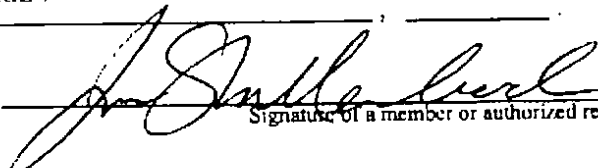
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SECRETARY OF STATE
DIVISION OF CORPORATIONS**E. Effective date, if other than the date of filing: UPON FILING (optional)**

(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 APRIL 7, 2021

Signature of a member or authorized representative of a member

JAMES SHELLENBACK, MANAGING-MEMBER

Typed or printed name of signer