<u>L20000 66652</u>

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Section Division of Corporations

AMERICAN PRECAST STRUCTURES, LLC

SUBJECT: _

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:

Roger W. Cole

Name of Person

AMERICAN PRECAST STRUCTURES, LLC

Firm/Company

905 PARK AVENUE, STE 102

Address

ORANGE PARK, FL 32073

City/State and Zip Code

ROGERWCOLE@COMCAST.NET

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

For further information concerning this matter, please call:

Roger W. Cole

Name of Person

904 657-6076 at (_____) Area Code Day

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> 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 2220 AUG 12 PH 12: 47

AMERICAN PRECAST STRUCTURES, LLC (<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000066652</u>	were filed on <u>02/28/2020</u> and assigned					
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :						
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10483 General Avenue Jacksonville, FL 32220					
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	10483 General Avenue Jacksonville, FL 32220					

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ldress
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	2929 AUS 1.2 PH 12: 4.7 Address	Type of Action
MGR	Roger W. Cole	6198 Quiet Country Lane	🖹 Add
		Jacksonville, FL 32218	🗆 Remove
			🗆 Change
AMBR	Dennis E. Effinger	8767 Huntington Woods Circle N	🖬 Add
		Jacksonville, FL 32244	🗆 Remove
			🖾 Change
AMBR	Robert G. Neill	1248 Burgandy Trail	🔜 Add
		St Johns. FL 32259	🗆 Remove
		•• • •• • • • • • • • • • • • • • • •	□Change
MGR William Myers	William Myers	905 PARK AVENUE, STE 102	🗆 Add
		ORANGE PARK, FL 32073	■Remove
		<u> </u>	🗆 Change
	·		🗆 Add
			🗆 Remove
			Change
			DAdd
			Change

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

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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) <u>Note:</u> 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.

<u>August</u> 10 <u>2020</u> <u>William Myeno</u> Signature of a member or authorized representative of a member Dated _____

William Myers

Typed or printed name of signee

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