

L200000 66652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

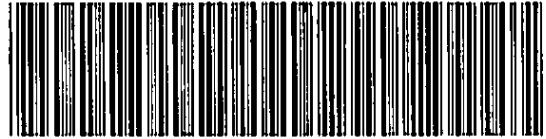
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

spike to Mr. Cole on 9/30/20
adding the 2 Ambr. @

Office Use Only



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O SIMMONS
SEP 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN PRECAST STRUCTURES, 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:

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

904 657-6076

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--------------------------------|--|
| MGR | Roger W. Cole | 6198 Quiet Country Lane | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32218 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Dennis E. Effinger | 8767 Huntington Woods Circle N | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32244 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Robert G. Neill | 1248 Burgandy Trail | <input checked="" type="checkbox"/> Add |
| | | St Johns, FL 32259 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | William Myers | 905 PARK AVENUE, STE 102 | <input type="checkbox"/> Add |
| | | ORANGE PARK, FL 32073 | <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: *(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)

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 August 10, 2020

William Myers

Signature of a member or authorized representative of a member

William Myers

Typed or printed name of signee