## L21000073883

(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



000438746920

## **COVER LETTER**

Division of Cerpor	ations		
SUBJECT:ANS	ERICAN POWE Name of Limit	DER COATING L ted Liability Company	CC
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Joyce (	C. Thompson Name of Person	
		Firm/Company	<del></del> ·
	1460 NE	STATE RD 16 Address	
	STARKE,	FLCRIDA :	32091
-	JUSEJOU14 E-mail address: (to	666 amoil, Com o be used for future annual report noti	fication)
For further information conc	erning this matter, please ca	11:	
SOULT THE Name of Pe	10 M β58/1 rson	at ( <u>352</u> ) <u>514 · (</u> Area Code Daytim	\$585 nc Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registratior. Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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**

AMERICAN PUUL (Name of the Limited Liability Compar (A Florida Limited L	DER COATING LLC  ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LATOCCO 73883</u> .	were filed on February 13, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	1460 N.E. STATE Rd 16
(Principal office address MUST BE A STREET ADDRESS)	_Starke, FLORIDA 3,2091
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1460 N.E. STATE Rd 16  Starke, FLORINA 32091  1460 N.E. STATE Rd 16  Starke, 7L 32091 = 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ice C. Thompson
New Registered Office Address: 1460	ONE. STATE Rd. 16  Enter Florida street address
S	JCE C. Thompson  O N.E. StATE Rd. 16  Enter Florida street address  Starke , Florida 32091  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, in the second

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 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>	Address	Type of Action
MGR	Timothy Daniel Wilkerson	4289 county Rd 218	□Add
		Middleburg, Fb 32608	_ GRemove
			□Change
Mor	Donald R. Thompson, SR	1460 NESFRJ 16	□Add
		Stark, 71 32091	□Remove
			□Change
Mor	Scyce C Thompson	1460 NE STRU 16	Add
		Stark 76 32091	□Remove
			□Change
AMBR	Hayden S. Thompson	2031 SE 150 th Street	🗆 Ādd
		Starke, IL 32091	□ Remove
			Change
Ambr	Colby D. Meeks	13856 WALDO Rd	GAdd
		WAIDO, FL 32694-4016	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

lf amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an effect <u>Note:</u> If	e date, if other than the date of filing: Navember 1, 2024 (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
e record s rd is filed	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 i.
Dated	October 31, 2024.
	Jouce C. Thompson Typed or printed name of signee
	fignature of a member or authorized representative of a member
	1040 1 Thomason
	Typed or printed name of signee