

L21000140952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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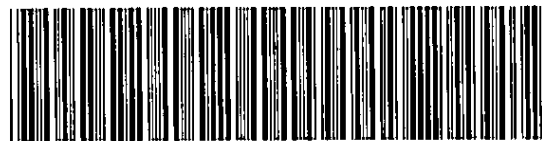
(Business Entity Name)

(Document Number)

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6/22/21
[Signature]

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Mace's Heavy Trucks Dealership 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:

Ashley Berry c/o Glen Mace
Name of Person

Mace's Heavy Trucks Dealership, LLC
Firm/Company

41 Tresca Road
Address

Jacksonville FL 32225
City/State and Zip Code

macesheavytrucks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Berry at (904) 517 4056
Name of Person Area Code Daytime Telephone Number
OR Glen Mace 904-623-5738

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

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

Mace's Heavy Trucks Dealership
(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 3/25/21 and assigned Florida document number L21000140952

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

FILED
MAR 27 2021
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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>
<u>MGR</u>	<u>Ashley Berry</u>	<u>41 Tresca Road</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL</u>	<input type="checkbox"/> Remove
		<u>32225</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>Glenn M Mace</u>	<u>41 Tresca Road</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32225</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Please See Attached
for Reference.

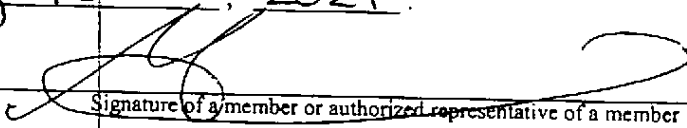
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 10, 2021.


Signature of a member or authorized representative of a member

Glen Mace

Typed or printed name of signee

Filing Fee: \$25.00

2021 MAY 17 11:10:51
-11-51
CD

Detail by Entity Name

Florida Limited Liability Company
MACE'S HEAVY TRUCKS DEALERSHIP, LLC

Filing Information

Document Number L21000140952
FEI/EIN Number NONE
Date Filed 03/25/2021
Effective Date 03/25/2021
State FL
Status ACTIVE

Principal Address

41 TRESKA ROAD
JACKSONVILLE, FL 32225

Mailing Address

41 TRESKA ROAD
JACKSONVILLE, FL 32225

Registered Agent Name & Address

BERRY, ASHLEY M
41 TRESKA ROAD
JACKSONVILLE, FL 32225

Authorized Person(s) Detail

Name & Address

Title AMBR

MACE, GLEN
41 TRESKA ROAD
JACKSONVILLE, FL 32225

Title AR--

MACE, GLENN M
41 TRESKA ROAD
JACKSONVILLE, FL 32225

Annual Reports

No Annual Reports Filed

Document Images

03/25/2021 -- Florida Limited Liability

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*Incorrect
(Insect)
- Ashley Berry*

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