

L22000245838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

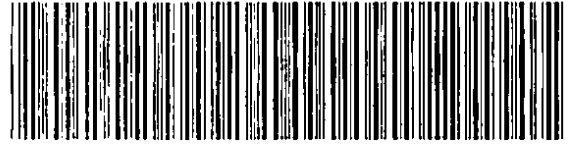
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J. HORNE

JUN 29 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Contract Services 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:

Connor J. MacLean

Name of Person

American Contract Services LLC

Firm/Company

107 Saratoga Place

Address

Lynn Haven, FL 32444

City/State and Zip Code

americancontractservices1@gmail.com

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

For further information concerning this matter, please call:

Connor J. MacLean, MGR

850
at ()

628-1279

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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2022 JUN 30 AM 11:11

~~SECRETARY OF STATE~~
~~UNCLASSIFIED~~

Exhibit 10.1

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Connor J. MacLean	107 Saratoga Place	<input checked="" type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tanner T. Budda	107 Saratoga Place	<input checked="" type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Please add the IRS FEIN: 88-2724358

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 June 28, 2022

Signature of a member or authorized representative of a member

Connor J. MacLean, MGR

Typed or printed name of signee

Filing Fee: \$25.00