

L23 000193148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

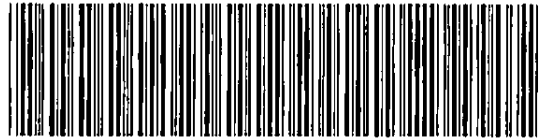
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
ALLAHABAD, FLORIDA

2024 APR 24 PM 1:35  
AM 9:00

RECEIVED

ED

24/24/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Able commercial painting 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:

Jacqueline Burris  
Name of Person

American Able commercial painting LLC  
Firm/Company

8625 Thomasville rd  
Address

Tallahassee, FL 32312  
City/State and Zip Code

Jesse Massey @ aacpainting.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Massey at ( 904 ) 867-8968 office 7  
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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
JAN 26 AM 9:00  
JESSE MASSEY

America Able Commercial Painting LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

## Florida

Civ

*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 \_\_\_\_\_

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	Clayton Penderburke	9445 Boykin rd Tall. FL 32317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>	<del>Jesse Massey</del>	<del>8625 Thompson rd Tall, FL 32312</del>	<del><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</del>
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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NOTED  
JAN 11 9:00 AM  
STATE OF FLORIDA  
TALLAHASSEE, FL

SEP 10 2001 AM 9:00  
CLERK OF STATE  
TAMPA, FL

AM 9:00  
STATE  
FL

(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)

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.

4/22/2021

Signature of a member or authorized representative of a member

Jacqueline Burris  
Typed or printed name of signer

**Filing Fee: \$25.00**