

****CORRECTED; PLEASE
HONOR ORIGINAL SUB.
DATE OF 12/05**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.**

((H24000400440 3)))



H240004004403ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMPOL US TRADING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Electronic Filing Menu

Corporate Filing Menu

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12/6/2024 2:27:21 PM PAGE 1/001 Fax Server



December 6, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AMPOL US TRADING LLC
3737 BUFFALO SPEEDWAY, SUITE 630
HOUSTON, TX 77098US

SUBJECT: AMPOL US TRADING LLC
REF: M24000000925

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000400440
Letter Number: 224A00026468

COVER LETTER

H24000400440

TO: Registration Section
Division of Corporations

SUBJECT: AMPOL US TRADING LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NADIA DAR

Name of Person

C/O AMPOL US TRADING LLC

Firm/Company

3737 BUFFALO SPEEDWAY, SUITE 630

Address

HOUSTON, TX 77098US

City/State and Zip Code

SECRETARIAT@AMPOL.COM.AU

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

For further information concerning this matter, please call:

CAPITOL SERVICES CORPORATE FILING TEAM at (855) 498-5500

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

H24000400440

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMPOL US TRADING LLC

Enter new principal office address, if applicable: NOT APPLICABLE - NO CHANGE

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NOT APPLICABLE - NO CHANGE

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M24000000925

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: JANUARY 26, 2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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** _____
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

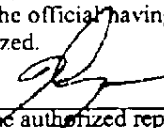
H24000400440

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

AUTHORIZED REPRESENTATIVE (AUTH REP)

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Auth. Rep</u>	<u>BRENT MERRICK</u>	<u>3737 BUFFALO SPEEDWAY, SUITE 630</u>	<input type="checkbox"/> Add
		<u>HOUSTON, TX 77098US</u>	<input checked="" type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>CHRISTOPHER RICHMOND</u>	<u>3737 BUFFALO SPEEDWAY, SUITE 630</u>	<input type="checkbox"/> Add
		<u>HOUSTON, TX 77098US</u>	<input checked="" type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>JOHN LO</u>	<u>3737 BUFFALO SPEEDWAY, SUITE 630</u>	<input checked="" type="checkbox"/> Add
		<u>HOUSTON, TX 77098US</u>	<input type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>STEVEN O'CONNOR</u>	<u>53737 BUFFALO SPEEDWAY, SUITE 630</u>	<input checked="" type="checkbox"/> Add
		<u>HOUSTON, TX 77098US</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
JEFFREY ETHERINGTON

Typed or printed name of signee

Filing Fee: \$25.00