L15000204669

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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TO:	Registration Se Division of Cor			
CHIDIR	Action Ren	tals Trench, Shoring & Suppl	y, LLC	
SUBJE	ECT:	Name of Lit	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Piease	return all correspo	ondence concerning this matter	r to the following:	
		Stevan J. Pardo, Esquire		
		Pardo Jackson Gainsburg,	Name of Person PL	
		200 SE First Street, Suite	Firm/Company	
		Miami, Florida 33131	Address	
		spardo@pardojackson.com	City/State and Zip Code	
		E-mail address:	(to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please c	all:	
Stevan	J. Pardo, Esquire		at (Area Code 358-1001 Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Action Rentals Trench, Shoring & Supply, LLC (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 12/11/2015 and assigned Florida document number _ L15000204669 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 "LLC." 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: Pardo Jackson Gainsburg, PL Name of New Registered Agent: 200 SE First Street, Suite 700 New Registered Office Address: Enter Florida street address Miami City

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>	Address	Type of Action
MGR	Steven Ramos	3075 NW South River Drive Miami, Florida 33142	
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Effective date, if other than the da	te of filing:		(ontional)	
Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicat	date of filing or more than le statutory filing requir	90 days after filing.) Pursuant ements, this date will not b	to 605.020 e listed as
he record specifies a delayed e The 90th day after the record		an effective time, a	t 12:01 a.m. on the ϵ	earlier o
Dated May 29	2019	VM		
Sig	mature of a member or authori	zed representative of a me	mber	_

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Typed or printed name of signee

Filing Fee: \$25.00