10600000409

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COVER LETTER

TO:	Registration Se Division of Cor			
CHBIE	LMK Equip			
SUBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LMK Equipment, LLC		
			Name of Person	
		Larry W. Keist, Jr.		
		4-9-9-4	Firm/Company	
		1012 Guava Isle		
			Address	
		Ft. Lauderdale, Florida 3	33315	
			City/State and Zip Code	
		larry@lmkpipe.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Larry '	W. Keist, Jr.		815 482-2227 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL 17 PH 5: 08

LMK EQUIPMENT, 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 01/03/2006	and assigned
Florida document number L0600000409	<u>-</u> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
P. (4)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the nev
Ni (CNI David a cod A cod		
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

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>	Type of Action
MGR	John Rinehart	1131 NW 55 Street	
		Ft. Lauderdale, Florida 33309	■ Remove
			□ Change
		 	Remove
			□ Change
			Add
			□ Add Remove
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			D.Àdd ഗ്റ B.Remove
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ective date, if other tha		November 28, 20		(optional)	
tellective date is listed, the date inserted in t	te must be specific and ca his block does not mee	innot be prior to date et the applicable st	of filing or more than atutory filing requir	90 days after filing.) ements, this date w	dursuant to 605.020 fill not be listed a
cument's effective date on	the Department of Stat	te's records.			
record specifies a de The 90th day after the	ayed effective dat record is filed.	te, but not an ϵ	effective time, a	t 12:01 a.m. o	n the earlier
July 13		2018			
, ,					

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Typed or printed name of signee

Filing Fee: \$25.00