## L06000000409

(Requestor's Name)
(Address)
(Address)
(/ (duress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusitiess Etticy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: <u>Co</u>	nfluence Ti	renchless Solvited Liability Company	mons, uc
	Amendment and fee(s) are sub		
		Name of Person	
	LMK Equip	Firm/Company	
	1131 NW 5	5th St. Address	
	Ft. Law. 1		
	E-mail address: (	2 PAC COM to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ea	all:	
Maria name o	numan FPerson	at ( <u>954</u> ) <u>496</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Confluence Trenchless Solutions (CAR 26 AN 7:55

(A Florida I	imited Liability Company)
TI	mpany were filed onand assigned
The Articles of Organization for this Limited Liability Co	mpany were filed on and assigned
Florida document number LXoXXXX	29
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
LMK Egioment CCC	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	- CCC
<u>(Principal office address MUST BE A STREET ADDRI</u>	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
maning duare. Similar 1987 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. If amonding the registered agent and/or registered	office address on our records, enter the name of the new registe
agent and/or the new registered agent and/or registered	office address on our records, effect the name of the new register
N. CN. D. St. LA.	
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 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>	Name -	Address	Type of Action
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			□Remove
			□Change
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Note: [	e date, if other than the date of filing:
ne record ord is file	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 d.
	January 19 2004
Dated_	Signature of a member of a uthorized representative of a member  (GYY Kiest Typed or printed name of signee

Filing Fee: \$25.00



December 27, 2023

LARRY KIEST 1131 NW 55TH STREET FORT LAUDERDALE, FL 33309

SUBJECT: CONFLUENCE TRENCHLESS SOLUTIONS, L.L.C.

Ref. Number: L06000000409

We have received your document for CONFLUENCE TRENCHLESS SOLUTIONS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6050.

Anissa Butler Regulatory Specialist II

JAN 2 6 2024

Letter Number: 723A00029314