## 550783

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CENTRAL FLORI	DA EQUIPMENT RENTA	ALS, CIN
DOCUMENT NUM	-1-77		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	GRETTER ALFONSO		
		Name of Contact Person	
	CENTRAL FLORIDA EQUI	PMENT RENTALS, INC.	
		Firm/ Company	
	9030 NW 97TH TERR		
		Address	
	MEDLEY, FL 33178		
		City/ State and Zip Code	:
	GRETTERV@CENTRALCI	VIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
GRETTER ALFON	SO	at ( 305	888.3344
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CENTRAL FLORIDA EQUIPMENT RENTALS, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State	)
550783		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the t	following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abo professional corporation name mus	breviation "Corp.," t contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		i
		762
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		P
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	2: 44
Name of New Registered Agent		
(Florida stre	ret address)	
New Registered Office Address:	, Florida	
(	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the p	position.
Signature of New Re	egistered Agent, if changing	<del></del>
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	(e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	C	ROBERT A. BAER	
Add			
Remove 2) Change	<u>s</u>	SHAYNA BAER	
Add Remove 3) X Change	<u>T</u>	KENNETH BAER	
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

ach additional sheets, if necessar	y). (Be specific)			
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nn amendment provides for an	exchange, reclassific	ation, or cancella	tion of issued shar	<u>res,</u>
ovisions for implementing the (if not applicable, indicate N/2	<u>amengment II not co</u>	ntainea in the a <u>m</u>	enament usen:	
(ij not applicable, maleale 197	• )			
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The date of each amendment	t(s) adoption:	, if other than
fate this document was signed	i. - 08/01/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirement the Department of State's records.	s, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amovere sufficient for approval.	endment(s)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following led for each voting group entitled to vote separately on the amendment	ng statement st(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Š	By a director prediction or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
	ROBERT BAER	<del></del>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	