

LO1000016692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

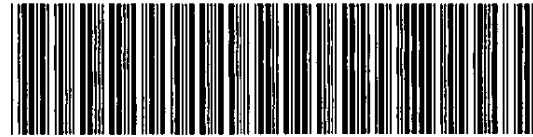
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

MAR 23 2017

**BUILDERS EQUIPMENT, LLC**

7475 NW 63rd Street  
Miami, FL 33166-3603  
www.AbleBuilders.com

MIAMI (305) 592-5940  
USA WATS 1-800-831-4564  
FAX (305) 592-2793  
E-MAIL sales@AbleBuilders.com

March 16, 2017

State of Florida  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
2017 MAR 21 PM 3:08  
TALLAHASSEE, FL

**RE: Articles of Amendment to Articles of Organization #L01000016693**

To whom it may concern:

On February 28<sup>th</sup>, we submitted an Amendment for a LLC name change from "Able Export, LLC" to "Able Scaffold, LLC". This Amendment was submitted with the incorrect information. The Amendment for a LLC name change should have been submitted as a name change from "Able Builders Equipment, LLC" to Able Scaffold, LLC. Please note, both entities have the same owners and directors.

In an effort to correct this name change, I contacted the Division of Corp. I was informed that I must "first" reverse the name change. I am submitting new documents, labeled "first" in order to reverse the name change from "Able Scaffold, LLC" back to "Able Export, LLC".

I was informed that I would need to submit a second set of documents, which I have labeled "second" to file for the correct name change from "Able Builders Equipment, LLC" to "Able Scaffold, LLC".

I have enclosed all the required documents and payments necessary to complete these changes. Should you have any questions or require additional information, please feel free to contact me at 305-592-5940.

Thank you,

Angela Bullough  
Able Scaffold, LLC  
7475 NW 63 Street  
Miami, FL 33166  
Angela@AbleScaffold.com

SW

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Able Builders Equipment, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanford Freedman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7475 NW 63 Street

\_\_\_\_\_  
Address

Miami, FL 33166

\_\_\_\_\_  
City/State and Zip Code

angela@ablescaffold.com

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

For further information concerning this matter, please call:

Angela Bullough

305 592-5940  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Able Builders 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 09/28/2001 and assigned  
Florida document number L01000016692.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Able Scaffold, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

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

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TREASURY  
FLORIDA

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TAMPA FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 15, 2017

\_\_\_\_\_ , \_\_\_\_\_ 2017



Stanford Freedman

**Filing Fee: \$25.00**

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