L02000005/

(Re	questor's Name)	
(Ad	dress)	
(A.)	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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11/16/09--01008--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	Professional \	Wireline Rentals, LLC			
SOBJECT.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Phyllis Albert			
Name of Person					
	Professional Wireline Rentals, LLC				
	Firm/Company				
	1016 North Cruse Avenue				
		Address			
	!	Broussard, LA 70518			
	City/State and Zip Code				
	phyllisa F meil address:	@professionalwireline.co	om orification)		
For further information	concerning this matter, please of		Allication)		
Phyllis Albert		at (_337_)	837-1772		
Name	of Person	Area Code & Day	time 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)		
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professional Wi	ireline Rentals,	LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document numberL02-000-000-051	any were filed on	12-21-01	and assigned	
Florida document number				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u>Professional</u>	Professional Wireline Rentals, LLC		
(Principal office address MUST BE A STREET ADDRESS	950 South P	950 South Pine Road, Suite 101		
	Plantation, F	L 33324		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street ad	drass	
	Li		ar Coo	
	City	, Florida	Zip Code	
			F	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		<u> </u>	Add Remove
D. If ameno	ling any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
		·	
			_
Dated	November 11		_
,	Signature	Inchest or authorized representative of a member	
		Jack Rettig	
		Typed or printed name of signee	

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Filing Fee: \$25.00