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TO THE SOURCE OF THE STATE OF T

I. HARRIS

## **COVER LETTER**

| Divisio          | on of Corp   | orations                                      |                         |  |
|------------------|--|---|-------------------------|--|
| SUBJECT: B       | ROG EQU  | IPMENT, LLC                                   |                         |  |
|                  |  | Name of Lim                                   | ited Liability Company  |  |
|                  |  |   |                         |  |
| The enclosed A   | rticles of A   | mendment and fee(s) are sub-                  | mitted for filing.      |  |
| Please return al | l correspon  | dence concerning this matter                  | to the following:       |  |
|                  |  | MARK BROMSON                                  |                         |  |
|                  |  |   | Name of Person          |  |
|                  |  | BROG EQUIPMENT, LLC                           | С                       |  |
|                  | Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  MARK BROMSON  Name of Person  BROG EQUIPMENT, LLC  Firm/Company  660 GLADES ROAD, SUITE # 460  Address  BOCA RATON, FL 33431  City/State and Zip Code  mbromson@brog.com  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  asky  Name of Person  Name of Person  Daytime Telephone Number |   |                         |  |
|                  |  | 660 GLADES ROAD, SUI                          | ITE # 460               |  |
|                  |  |   | Address                 |  |
|                  |  | BOCA RATON, FL 3343                           | I                       |  |
|                  |  |   | City/State and Zip Code | <del> </del>                           |
|                  |  |   |                         |  |
|                  |  |   | ·                       | cation)                                |
| For further info | rmation co   | ncerning this matter, please ca               | ali:                    |  |
| Ellen Tabasky    |  |   |                         |  |
|                  | Name of  | Person  |                         | Telephone Number                       |
| Enclosed is a ch | neck for the   | following amount:                             |                         |  |
| □ \$25.00 Filir  | ng Fee   | \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy          | Certificate of Status & Certified Copy |

MAILING ADDRESS: Registration Section

.TO: 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

| BROG EQUIPMENT, LLC  |  |                      |
|--|--|----------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | mpany as it now appears on our records.)<br>ted Liability Company) |                      |
| The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organizatio | any were filed on 10/26/2004                                       | and assigned         |
| This amendment is submitted to amend the following:  |  |                      |
| A. If amending name, enter the new name of the limited l   | iability company here:   |                      |
| The new name must be distinguishable and contain the words "Limited Li   | iability Company," the designation "LLC" or the ab                 | obreviation "LaL.C." |
| Enter new principal offices address, if applicable:  |  |                      |
| (Principal office address MUST BE A STREET ADDRESS)  | 2  |                      |
|  |  | 9.                   |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>  |  | <u> </u>             |
|  |  |                      |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  |  | the name of the new  |
| Name of New Registered Agent:  |  |                      |
| New Registered Office Address:   | Enter Florida street address                                       |                      |
|  | , Florida  |                      |
|  | City   | Zin 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>          | Address                           | Type of Action |
|--------------|----------------------|-----------------------------------|----------------|
| MGRM         | KREBSBACH, MICHAEL J |                                   | Add            |
|              |                      |                                   | Remove         |
|              |                      | 660 Glades Rd, #460, Boca Raton,I | Change         |
| MGRM         | PURITA, JOSEPH       | <del></del>                       | □ Add          |
|              |                      | 660 Glades Rd, #460, Boca Raton,I | ■ Remove       |
|              |                      |                                   | Change         |
| MGRM         | STEWART, CHARLES     |                                   | □ Add          |
|              |                      | 660 Glades Rd, #460, Boca Raton,I | Remove         |
|              |                      |                                   | Change         |
|              |                      | <del></del>                       | Add            |
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| E. Effect    | ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to | 405 000E (2)   |
| <u>Note:</u> | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.               | listed as the  |
|              | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea<br>90th day after the record is filed.  | rlier of:      |
| Dated        | JANUARY 12 017 101  |                |
| Daicu        |   | <b>17</b> ,    |
|              | Signature of a member of authorized representative of a member  |                |
|              |   | 20             |
|              | MARK BROMSON  Typed or printed name of signee   | .E.            |

Page 3 of 3

Filing Fee: \$25.00