(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	Dity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	·	
(E	Business Entity Name)	
	·	
· (E	Document Number)	
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DEC 16 2009

EXAMINER

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G. MCLEOD



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COVER LETTER

Division of Co	rporations				
SUBJECT:	Ironhorse Tractor &	Equipment Service L.L	C.		
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Joseph C. Hulsman			
		Name of Person			
	: Ironhorso Tr	actor&Equipment Service I	1.0		
	1101110136 11	Ironhorse Tractor&Equipment Service L.L.C. Firm/Company			
		5000 0 . W. 5. I			
		5980 Smith Rd. Address			
		. 144.466			
	N	/ewahitchka,Fl. 32465			
		City/State and Zip Code			
	iron E-mail address: (horsejoe@hotmail.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of				
Tor further information	concerning uns matter, prease e	ш.			
	oe Hulsman	at (819-3273		
Name o	of Person	Area Code & Daytime	e 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:		STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

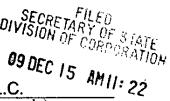
· S

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ironhorse Tractor & Equipment Service L.L.C.

(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 Liab	oility Company were filed on	Feb. 23,2005	and assigned	
Florida document numberL050000184	<u>87 </u> .			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with t'L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter tl</u>	ne name of the new	
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** MGRM Kimberly A. Hulsman 5980 Smith Rd. ✓ Add Wewahitchka FL 32465 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dec. 14 2009 Dated __ Signature of a thember or authorized representative of a member Joseph C. Hulsman

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00