## 1060000 13776

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	Registration Se Division of Cor						
CUBICA		with Experience, LLC					
SUBJEC	-1: <u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Thomas F Twitmyer					
			Name of Person	<del></del>			
Equipment with Experience, LLC							
			Firm/Company				
5315 56th Commerce Park Blvd							
			Address	<del></del>			
		Tampa, FL 33610					
		tomt@ewithe.net	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	cation)			
For furth	er information e	oncerning this matter, please ca	all:				
Thomas	Twitmyer		813 433-7945 at ( )				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
□ <b>\$</b> 25.6	00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

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



January 30, 2019

THOMAS F. TWITMYER 5315 56TH COMMERCE PARK BLVD. TAMPA, FL 33610

SUBJECT: EQUIPMENT WITH EXPERIENCE, LLC

Ref. Number: L06000013776

We have received your document and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 019A00002216

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

FILED

Equipment with Experience, LLC		2010 655 -
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	2019 FEB -7 AM 8: 23
The Articles of Organization for this Limited Liability Florida document number	Company were filed on02/07/2006	and assigned AHASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lis	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADL	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florie	da Zip Code
New Desirement & control Competition of the agricultural State of the	City	Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity. I furth complete performance of my duties, and t agent as provided for in Chapter 605, F.S cred office address, I hereby confirm that t	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	iew 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
MGR	Byrnes, Joseph		Add
	<del></del>	5 Old Rock Road, Yaphank, NY 11980	■ Remove
			Change
MGR	Ferrill, John		
		3309 Mullen Avenue Tampa, FL 33609	<b>≘</b> Remove
			☐ Change
MGR	Kiely, Ronald		□ Add
		16125 Bridgedale Drive Lithia, FL 33547	
			□ Change
MGR	Buhagiar, John		
•		PO Box 11031 Hauppauge, NY 11788	Remove
			□ Change
			□ Add
			□ Remove
		<del></del>	Change
			Add
		~ <del>~~~</del>	☐ Remove
			Change

•	
	· · · · · · · · · · · · · · · · · · ·
e ea	tive date, if other than the date of filing: 01/01/2018 (ontional)
(If an e <u>Note:</u>	tive date, if other than the date of filing: 01/01/2018 (optional)  ffective 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 605.0207 (3)(be a listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	i .
	More 4. 1 2/5/2019
	Signature of a member or authorized representative of a member
	Thomas F Twitmyer, MGR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00