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**EXAMINER** 



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SECRETARY OF STATE

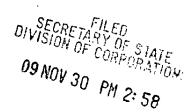
## **COVER LETTER**

CUDIECT.	PEACOCK FOUR	PMENT COMPANY, LLC		
SUBJECT:		Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Do	onald R. Tescher, Esq.		
		Name of Person		
TESCHER & SPALLINA, P.A.				
		Firm/Company		
	4855 Technology Way, Suite 720			
	<del></del>	Address		
	В	Boca Raton, FL 33431		
	City/State and Zip Code			
	dtescher@tescherspallina.com			
		to be used for future annual report notifica	lion)	
For further informatio	n concerning this matter, please of	call:		
Dona	ld R. Tescher, Esq.	at ( 561 ) 9	97 7008	
Nam	e of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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



PEACOCK	<b>EQUIPMENT COMPAN</b>	NY, ĽLC	
( <u>Name of the Limited Li</u> (A F	ability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on	3/20/2007	and assigned
Florida document numberL07000299			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Compa	nny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(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 t</u>	he name of the new
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:	F	ter Florida street ada	lyace
	Enier rioriaa sireei aaaress		
	City	, Florida	Zip Code
	U117		with Comp

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 Title <u>Name</u> Address Type of Action MGR DONALD R. TESCHER, ES 4855 Technology Way, Suite 720 7 Add Boca Raton, FL 33431 Remove MGR NEIL BURELL 6465 SW 84th Street\_\_ | ✓ Add Miami, EL 33143 Remove MGR **GEOFFREY JAMES** 7800 SW 87 Avenue **✓** Add Miami, FL 33173 Remove POMPEII MANAGEMENT MGR Pompeii Management Company, LLC 6465 SW 84th Street ✓ Remove Miami, FL 33143  $\square \land dd$ Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Donald R. Tescher, Esq.

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00