L07000032300

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
AUG 28 2008			
EXAMINER			

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08/27/08--01013--019 **25.00

COVER LETTER

TO: Registration Se Division of Cor		•		•
SUBJECT: FM	S Equipm (Name of Lim	new+ L:L.C ited Liability Company)	· .	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		(Name of Person)		
	Caro	I A. VANCE FRANÇOPA, PLC 411 55th Avenue	Die sei	
	St	. Pete Beach, FL 33706	EGA BERNALDER	enalised
		(Address)	AUG 27 RITARY (AIIIASSEE	
		(City/State and Zip Code)	7 2: 	Ü
For further information of	concerning this matter, please c	all:	DH 5	
Carol Va	N Ce	at (727) 367-1	222_	
(Name	of Person)	(Area Code & Daytime 1	Telephone Number)	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy	itus &
			•	

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**

(Name of the Limited Wability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LO700032300</u>	vere filed on 3-26-07 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	•
FMS Equipment, The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ZELLAH.
Enter new mailing address, if applicable:	ARY OF S
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	• •• • • • • • • • • • • • • • • • • • •
Name of New Registered Agent: Cobe	1+ Miller 66th Street North
	(Euton Florida atreat address)
Pinella	S Park, Florida 3378/. (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 afficess, 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** _ Add ☐ Remove ☐ Add Remove **₼** Add Remove _ Add Remove _ Add Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00