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SECRETARY OF STATE
TALL AHASSEE, FLORID

T. CLINE

JUN 🖠 5 2009

EXAMINER

TO: Registration Section Division of Corporations		
P Francisco II.C.		
SUBJECT: PORT EQUIPMENT LLC Name of Limited Liability Company		
•		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:	***	
FALL TO COLE IN	•	
ERIC T. GENTZSCHEINI Name of Person		
FORT EQUIPMENT LLC Firm/Company		
Firm/Company		
7750 SW 72 TERR Address		
Address		
- MIAMI 172 33143 4047  City/State and Zip Code		
City/State and Zip Code		
	7285 TAL	
E-mail address: (to be used for future annual report notification)	L CE	*
For further information concerning this matter, please call:	表 三	Carrier February
	2 3SE	
ERIC T. GENTZSCHEIN at (301) 794-1884  Name of Person Area Code & Daytime Telephone Number	2009 JUN 12 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	LON STA	-1, <sub>64</sub>
	28 REF	
Enclosed is a check for the following amount:	ART.	
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(additional copy is enclosed) Certified (additional copy is enclosed)	l Copy nal copy is enclosed)	-
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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 ARTICLES OF ORGANIZATION **OF**

PORT Equit	PMENT	LLC.		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears	on our records.	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>F</u>	EB-71- ZC	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	<b>:</b>		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation '	•	eviation
Enter new principal offices address, if applicable:			SECT TALL	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			A L	A CHARLES
Enter new mailing address, if applicable:			2 PH IZ:	[4]
(Mailing address MAY BE A POST OFFICE BOX)		411	RIDA RIDA	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		ur records, <u>enter</u>	the name of t	he new
	/	V/A-		
New Registered Office Address:	Ente	er/Florida street aa	ddress	<del></del>
		, 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 thay the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u> .	<u>Name</u>	Address	Type of Action
MGRM)	CESAR A. SARRIA	6912 NW 17957 Unit 106	Add D Remove
		"REMOVE"	Add Remove
			Add Remove
			2009 PER TARY AND
			EREMONE D
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	- -
			<del></del> 
Dated	Ne 19 2009	Fu Tul.	
		or authorized representative of a member  - 2 i C T G F N 72 5 C H 2 i N  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00