

Division of Corporations

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L0910000042645

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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(((H09000113283 3)))



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L. SELLERS

MAY - 5 2009

To:

Division of Corporations  
Fax Number : (850)617-6383

EXAMINER

From:

Account Name : EXECUTIVE CORPORATE FILING, INC.  
Account Number : I20070000059  
Phone : (305)670-3110  
Fax Number : (305)665-1078

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EXPRESS INDUSTRIAL DEMOLITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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09 MAY -4 PM 12:47  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

(((H09000113283)))  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**EXPRESS INDUSTRIAL DEMOLITION, LLC**

(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 Liability Company were filed on MAY 01, 2009 and assigned  
Florida document number L09000042845.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

EXPRESS INDUSTRIAL DEMOLITION EQUIPMENT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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

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TALLAHASSEE FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 01, 2009

Cecilio Basulto

Signature of a member or authorized representative of a member

CECILIO BASULTO

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA