L09000057061

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TO: Registration Se Division of Cor			
ED'S CRA			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	David Strong		
		Name of Person	
	Quality Tax & Accounting	Services LLC	
		Firm/Company	
	3113 S Ridgewood Ave		
		Address	
	South Daytona FL 32119		
	davidstrong@qtallc.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
David Strong		386 761-7855	
Name o	of Person	Area Code Daytime	e 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 2B31B4E6-03CF-4C19-ACBB-A0BA04107BC4 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ED'S CRANES LLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 06-11-09	and assigned
Florida document number L09000057061	., .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter the nam</u> ere:	e of the new registered
Name of New Registered Agent:		~*
 ;;;		6.1
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	; ,
_	City	Zip Code =
New Registered Agent's Signature, if changing Regis	stered Agent:	- :.`
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further ago and complete performance of my duties, and I am f ed agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lin nge.	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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II amending Authorized rerson(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
S	Edward Richards	2600 LEONARD DRD	□Add
		ELTONA, FL 32725	■Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
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ffective date, if other than an effective date is listed, the da ote: If the date inserted in the ocument's effective date on the ocument of the date	his block does	not meet the a	ipplicable stati				
record specifies a delayed ef is filed.	fective date, bu	ut not an effect	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
October 13th		2023					
- DocuSigned by:							
ated October 13th Occusioned by: Ed Richards							
Ed Richards			r authorized rep	esentative of a m	ember		_

Filing Fee: \$25.00