## LICOLO OILO 3CO2

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: Julie's	s Equipment, l	LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Julie Paige	Was Julie	Lamb		
	Julie's Equip				
	0400 5	Firm/Company			
	6120 Porter	Road.			
		Address			
	Sarasota, Fl	L 34240			à
		City/State and Zip Code		The second second	ge mer
	julie@juliesequip  E-mail address: (1)	ment.com to be used for future annual re	port notification)	27	FT:
For further information co	oncerning this matter, please or	·	,	P. T.	
Julie Paige		<sub>a</sub> ,941,37	7-1010	PH 4: 02	ant of
Name o	f Person	Area Code	Daytime Telephone Number	200	
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &	

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

Julie's Equipment, LLC			
(Name of the Limited	Liability Company as it now A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L10000016362	•	•	d
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C.	<del>,,,</del>
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	or registered office addrice address here:  Julie Paige 6120 Porter Road	ress on our records, enter the namezof the	he new
		nter Florida street address	
	Sarasota City	Florida 34240	
New Registered Agent's Signature, if changing R	•	Sip coat	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this contact the company has been notified in writing of this contact the co	d agent and agree to act is r and complete performa tered agent as provided fegistered office address, when ge.	ince of my duties, and I am familiar with an for in Chapter 605, F.S. Or, if this documen	ıd

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name Julie Paige 6120 Porter Road. Sarasota, FL 34240 **MGRM** Julie Lamb **■** Remove Faith Turpin 6120 Porter Road. Sarasota, FL 34240 **AMBR** ☐ Remove \_□ Add ☐ Remove □ Add ‰ ‰A □ \_□ Remove

		<del></del>
		<del>-</del>
Tective date, if other than the date e effective date must be specific, cannot be put that this document is filed by the Florida I	of filing:  prior to date of receipt or filed date and cannot be Department of State)	(optional) we more than 90 days after
	2014	
June 24		
June 24	· · · · · · · · · · · · · · · · · · ·	
ated June 24		
	iture of a member or authorized representative	of a member
ted June 24		

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Filing Fee: \$25.00

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