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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOESCHER RENTALS, 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:

MATTHEW R. SCHROEDER, LL.M.

Name of Person

CLARK, CAMPBELL, MAWHINNEY & LANCASTER, P.A.

Firm/Company

500 S. FLORIDA AVENUE, SUITE 800

Address

LAKELAND, FLORIDA 33801

City/State and Zip Code

MSCHROEDER@CCMATTORNEYS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW R. SCHROEDER, LL.M.

Name of Person

at (863)

647-5337

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOESCHER RENTALS, 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 11, 2011 and assigned
Florida document number L10000050794.

This amendment is submitted to amend the following:

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

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)

1237 E. EDGEWOOD DRIVE

LAKELAND, FLORIDA 33803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1237 E. EDGEWOOD DRIVE

LAKELAND, FLORIDA 33803

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:

ERICA L. SIMPKINS

New Registered Office Address:

1237 E. EDGEWOOD DRIVE

Enter Florida street address

LAKELAND

City

Florida

33803

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.

Erica L. Simpkins
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WALTER E. DOESCHER	1237 E. EDGEWOOD DRIVE LAKELAND, FLORIDA 33803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERICA L. SIMPKINS	1237 E. EDGEWOOD DRIVE LAKELAND, FLORIDA 33803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 October 8, 2010

Erica L. Simpkins

Signature of a member or authorized representative of a member

Erica L. Simpkins

Typed or printed name of signee

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