L10000090716

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11 MAY 27 PM 12: 35

T. HAMPTON

MAY 8 1 2001

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		·		
SUBJI	ECT:	SOFLO E	Equipment , LLC		
			ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	condence concerning this matter	r to the following:		
			Andrew Pietila Name of Person		
SOI			OFLO Equipment, LLC	•	
Firm/Company 590 SW 9th Terr					
Pompano Beach, Fl 33069					
	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of	cali:		
		ephanie Bland		32-8967	
Name of Person			Area Code & Daytime To	elephone Number	
Enclose	ed is a check for	the following amount:			
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section			STREET/COURIER	ADDRESS:	
			Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAY 27 PM 12: 35

SOFLO Equipment, 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 08/30/2010 and assigned					
Florida document numberL10000090716					
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 abbreviat "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 n 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 have by assent the appointment as varietized agent and agree to get in this congrity. I forther agree to comply with					

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

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>	Name	<u>Address</u>	Type of Action
MGRM	Stephanie C. Bland	12202 NW 25th St	
		Plantation, FI 33323	Kemove
			Add Remove
			Add Remove
againg a na agus gu pupupun			Add Remove
			Add Remove
	**************************************		Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
 Dated			SECRETARY OF STATE DIVISION OF CORPORATION 11 MAY 27 PH 12: 35
	Any the	A	S.
	Signature of a mem	nber or authorized representative of a member Andrew Pietila	
	Туі	pcd or printed name of signee	

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Filing Fee: \$25.00