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SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 20 2012

COVER LETTER

TO: Registration S Division of Co	ে ি সম্পূত্র ক্রিন্সেস্টেডির জিলার iection irporations	ই সাধাস গ্ৰিল এ গ্ৰুৎ	· * 불마 : 김윤교	多便 益 2025	শী জীপায়া	II (A) V
SUBJECT:	Builty Plus Rev Name of Limited	Liability Company				
The enclosed Articles of	f Amendment and fee(s) are submi	itted for filing.				
Please return all corresp	ondence concerning this matter to	the following:	,			
	Melino	La Niemela Name of Person				
	Equity P	Firm/Company	·			
	13396 Geo	rgian Ct Address				
	Wellington, FL		·	2012 NOV 15 SECRETARY TALLAHASSE	ابلب	
	melinda. Eq E-mail address: (to b	ou ity Aus Camail, co	ion)			4
For further information	concerning this matter, please call			AH OF STA		•
Melinda Name	Niemela of Person	at (501) 373-225 Area Code & Daytime T	59 elephone Number	AIE AIE		:
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &		

MAILING ADDRESS:

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

13172 00 1

STREET/COURIER ADDRESS:

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

公本部定民文文章

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equity	Phis Ren	tals, LLC			
(Name of the Limited) (A	Liability Company as it Florida Limited Liability	now appears on our re Company)	ecords.)		
The Articles of Organization for this Limited Lia Florida document number <u>しねののけ</u>	ability Company were fi 2857	led on	<u>/12 </u>	and assigned	i
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of EQUIFY	Plus. ILC	·			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	ility Company," the de	signation "LLC"	or the abbrev	viation
Enter new principal offices address, if applica	ble:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREE	(ADDRESS)		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1			AHASSEE FL	NOV 15 AM	
B. If amending the registered agent and/o		dress on our recore	ds, enter the n	ame of the	
registered agent and/or the new registered of		.,4			
Name of New Registered Agent:	Melind	a Niem	ela		
New Registered Office Address:	13396 G	eorgian C	street address		
	Welling to		Florida <u>33</u> <i>Zi</i> į	11 Y o 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

2

MGR = Manager

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:

MGRM ≠1	Managing Memb	oer	* #	يورز موسيدن ك	*5* C / LE			
<u>Title</u>	Name		<u>Addre</u>	<u>ss</u>		T	pe of A	<u>ction</u>
MGR	Brando	n Niemela	1330	76 Georgi Inglin, FC	an Ct 33414		Add Remove	
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D. If amen	ding any other in	nformation, enter cha	ange(s) here:	(Attach additional	l sheets, if necess	TAL SE	277	د. پيو
						CRETARY OF	W ST AGN ZUE	FILE
	VOV 13	2.0	017	•		FSTATE	FR & 00	C
		Molyda Signature of a mem	En jong	ed representative of	a member	<u> </u>		
		Melind	a Nier	nela, M	GR.			

Page 2 of 2

Filing Fee: \$25.00