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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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Registration Section

TO:

Div	ision of Cor	porations		
SUBJECT:		mership Equipment I, LLC		
SUBULCT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return	all correspo	ndence concerning this matter	to the following:	
		Robert Vollmer		
			Name of Person	
		Panther Partnership Equip	ment I, LLC	
			Firm/Company	
		7001 Gibsonton Drive		
			Address	
		Gibsonton, FL 33534		
			City/State and Zip Code	
		ginav@prowaygroup.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please c	all:	
Robert Vollt	mer		813 626-4444 at ()	
·	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

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

Panther Partnership Equipment I, LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 3/19/18		_ and assign	ned
Florida document number L12000 118970				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	tion "LLC" or the abbre	eviation "L.L.C	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u> </u>	ĘĞ.
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			26	SSE
Enter new mailing address, if applicable:				<u></u> 유년
(Mailing address MAY BE A POST OFFICE BOX)			ਫ਼	- <u>C</u>
				<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address.	red office address on our <u>ss here</u> :	records, enter th	e name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eet address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	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 605, 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 Authorized Person(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
AMBR	Gina Vollmer	7001 Gibsonton Drive	Add
		Gibsonton FL 33534	□ Remove
			Change
			Add
			Remove
			Change
 			Add
			Remove
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iffecti an eff	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	ınt to 605	.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.	t be liste	ed as th
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlie	er of:
Dated	March 19 , 2018		
	/ /		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00