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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	<u></u>
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C. GOLDEN

MAR - 5 2020

COVER LETTER

	Registration Se Division of Cor			
SUBJEC			ITION AND TRUCK SERVICES	, LLC
SOBJEC	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		BELKIS R. GUZMAN		
			Name of Person	
			Firm/Company	
	•	2140 FAIRMONT CIRCL	E	
			Address	
		ORLANDO, FL 32837		
		bełkisguzman@five.com	City/State and Zip Code	
			to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
BELKIS (GUZMAN		407 344-4994	
-	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	□ \$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)
R	<u>Jailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	ction
	Division of C P.O. Box 632		Division of Cor	•
	allahassee, F		The Centre of T	Callahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TAFT EQUIPMENT RENTAL, DEMOLITION AND TRUCK SERVICES, 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	09/19/2012	_ and assigned
Florida document number L12000119724			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company her	<u>·e</u> :	
TAFT DEMOLITION AND EQUIPMENTS RENTAL, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	288 W. 7th STRE	EET	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL	32824	
Enter new mailing address, if applicable:	2140 FAIRMON	T CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32837		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	cords, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:		 	·
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	ee to act in this c	apacity. I further agree	e to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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 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>	Name	Address	Type of Action
MGR	JUAN NAVARRO	9239 HOENSTEIN AVENUE	DAdd
		ORLANDO, FL 32824	■Remove
		□Change	
			□Add
			Change
			⊡Add
			□Remove
			Change
		□Add	
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(If an effe Note:	we date, if other than the date of filing:
documo	ent's effective date on the Department of State's records.
the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	01-31-,2020
	Signature of a member or authorized representative of a member
	BOIKE GUZNAN)

Filing Fee: \$25.00