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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **EVEREST GROUP LLC**

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Corporate Filing Menu

03/12/2020 13,43 3032201440 2.22201440

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

EVEREST GROUP LLC	E١	/ERI	EST	GRO	)UP	LL	C
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(Name of the Lin	(A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Florida document number L13000039957	Liability Company	were filed on 03/18/2013	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
MIAMI SCAFFOLD RENTAL LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	9955 NW 116TH WAY SUITI	E #8
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI FL 33178	
Enter new mailing address, if applicable:		9955 NW 116TH WAY SUITE	E#8 7.0 20
(Mailing address MAY BE A POST OFFICE	E BOX)	MIAM1 FL 33178	20 H
			5050
B. If amending the registered agent and/or	registered office:	address on our records, enter	the name of the new regis
agent and/or the new registered office addr		<u></u>	FLOSTA C
Name of New Registered Agent:	N.A.		58 
New Registered Office Address:	N.A.		
		Enter Florida street addres.	5
		, Flo	orida
		City	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 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 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	GREXI IHOANNA ALBORNETT	10226 NW 86TH ST DORAL FL 33178	Cybe of Acti
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N.A.	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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ective date, if other than th	05/11/2020
effective date is listed, the date mi	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
er in me nate maetten in mis t	lock does not meet the applicable statutory filing requirements, this date will not be liste Department of State's records.
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ord specifies a delayed effecti	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	The John day after
. 05/11/2020	
d 03/11/2020	<del></del>
to hillard	
× II M	Signature of a member or authorized representative of a member
	1 at
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	Typed or printed name of signee

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