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SECRETARY OF STATE

ALLAHASSEE ELOBO.

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo	rations	.%				
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SUBJE	:çт: <u>Noru</u>	h FLORIDA Equip Name of Limb	onent Leasing ed Liability Company	<u>, 22C</u>			
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.				
Please	return all correspond	ence concerning this matter	to the following:				
		ROBERT	MELEHAU Name of Person				
			Name of Person				
				······································			
			Firm/Company				
		P.O. Bo	Address				
		St. Au	IGUSTINE, FL, City/State and Zip Code  MELEHAN (a) Ao	32085			
		D 64	City/State and Zip Code				
		KJN	MELEHAN (a) AO	L, COM			
		E-mail address: (to	be used for future annual rep	ort notification)			
For fur	ther information con	cerning this matter, please ca	ill:				
Ro	BERT ME	LE HAN erson	at (904) 566	3202			
	Name of P	erson	Area Code &	Daytime Teleph	one Number		
Enclose	ed is a check for the	following amount:					
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is e		1\$60.00 Filing Certificate of Certified Co (additional of	of Status &	sed)

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

(Name of the Limited Liability Company as it low appears on our records.)  (A Florida Imited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	North fie	DEIDA	Equipme,	nt LEASING	a LLC
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  NA - SAME NAME  The new name must be distinguishable and end with the words "Limited Liability Company," the designation of the distinguishable and end with the words "Limited Liability Company," the designation of the abbreviation "L.L.C."  **UNCHANGED**  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Principal office address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable:  (Mailling 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 new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  **TREET ADDRESS**  **Augustine**  **POBOX 4397*  **St. Pagustine**  **Name of New Registered Agent:  New Registered Office Address:  **POBOX 4397*  **St. Pagustine**  **Name of New Registered Agent:  New Registered Office Address:  **POBOX 4397*  **St. Pagustine**  **Name of New Registered Agent:  New Registered Office Address:  **POBOX 4397*  **St. Pagustine**  **Name of New Registered Agent:  New Registered Office Address:  **POBOX 4397*  **St. Pagustine**  **POBOX 4397*  **St. Pagustine**  **Name of New Registered Agent:  New Registered Office Address:  **POBOX 4397*  **St. Pagustine**  **POBOX 4397*  **POBOX 4397*  **St. Pagustine**  **POBOX 4397*  **St. Pagustine**  **POB	(Name of the Limited I	L <mark>iability Com</mark> Florida Limite	pany as it now appe d Liability Company)	ars on our records.)	<del></del>
A. If amending name, enter the new name of the limited liability company here:  NA - SAME NAME  The new name must be distinguishable and end with the words "Limited Liability Company," the designation of the abbreviation "L.L.C."  UNCHANCED  First new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (UNCHANGED)  Enter new mailing address, if applicable:  (UNCHANGED)  Enter new mailing address, if applicable:  (UNCHANGED)  St. Pagentine, FL 33458  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  Suite 2  Enter Florida street address  Vapiter  Frank Cipcle  Enter Florida street address  Vapiter  Forda 33458			any were filed on	5/07/201	3 and assigned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation static" at the abbreviation "L.L.C."  "LL.C."  "LL.C."  "LUNCHANGED)  "The new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Wachanged)  Enter new mailing address, if applicable:  POBOX 4387  (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 new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  TRANCIS P. MEIEHAN  New Registered Office Address:  FRANCIS P. MEIEHAN  New Registered Agent:  FRANCIS P. MEIEHAN  New Registered Agent:  FRANCIS P. MEIEHAN  New Registered Agent:  Francis P. Florida 32458		Ü			T3 NOV
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)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  SUNCHANGED  SUNCHANGED  SUNCHANGED  SUNCHANGED  SET AS SUSTANCES  SUNCHANGED  Name of New Registered Agent:  New Registered Office Address:  SUNCHANGED  New Registered Office Address:  FRANCIS P. MELEHAN  New Registered Office Address:  FRANCIS P. MELEHAN  New Registered Office Address:  Florida 33458	NA - SAME NAME			[	
(Principal office address MUST BE A STREET ADDRESS)  Suite, 2  Jupiter, FL 33459  UNCHONGED  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 new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  3065 Jupiter Park Cipele Juile 2  Enter Florida street address  Jupiter Provide 32458		the words "L	& UNC	HANGED)	製造 2: 5m 5i
(Principal office address MUST BE A STREET ADDRESS)  Suite, 2  Jupiter, FL 33459  UNCHONGED  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 new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  3065 Jupiter Park Cipele Juile 2  Enter Florida street address  Jupiter Provide 32458	Enter new principal offices address, if applica	ble:	3065	JUDITER PO	k lincle
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   3065   Jupiter Park Circle   Just 2	(Principal office address MUST BE A STREET	ADDRESS	Suite	2, 2	<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   3065   Jupiter Park Circle   Just 2			Jup	ITER FL 334	158
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   3065   Jupiter Park Circle   Just 2			(UNCHange	<u>)</u>	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   3065   Jupiter Pack Circle   Juste 2	Enter new mailing address, if applicable:		To F	2000 4387	
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   3065 Jupiter Park Circle Juite 2	• • • • • • • • • • • • • • • • • • • •	OX)		it. Augustine, 1	CL 32085.
Jupiter , Florida 33458	registered agent and/or the new registered off  Name of New Registered Agent:	FRANC	is P. MELE Jupiter Pale	HAN K. Cincle V	Nuite 2
		,	• E	nter Florida street a	<u> </u>
		Jup	ITER City	, Florida _	

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 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	Address	Type of Action
MGRM	FRANCIS P. MELEHAN	3065 Supter Park Cinche Suite 2 Vupiter, 71. 33458	Add
		Suite 2	Remove
		Tupiter, 71. 33458	<b></b>
			Add
			Remove
		,	<del></del>
		TAL CAR	Add  Remove
		AHASSEE. FLO	Remove
		FLORIDA	Add
		÷	Remove
			<del></del>
			Add
			Remove
			_
			Add
			Remove
			<u></u>

NONE	
	<u></u>
11/12/2013	
///////////////////////////////////////	
KIMalehan _	
Signature of a member or authorized representative of a member	<del></del>
KOBERT MELEHAN	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	TALL S
	AB
	And SSE
	in c