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SCORETANT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:		tration Sec on of Corp		•	
		•	TS EQUIPMENT LLC		
SHRIE	ECT: _		•		• • • • • • • • • • • • • • • • • • •
JODJE	.c., _		Name of Lim	ited Liability Company	
The end	closed A	Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please	return a	ll correspoi	ndence concerning this matter	to the following:	
			LEVI N.LAMB		
				Name of Person	
			AKK POINTS EQUIPME	INT LLC	
				Firm/Company	
			2021 TALLEVAST RD. S	TE-C	
				Address	
			SARASOTA,FL34243		
			LEVI@ALLPOINTSEQU	City/State and Zip Code IPMENTSALES.COM	
			E-mail address: (t	o be used for future annual report noti	fication)
			oncerning this matter, please ca		
LEVI	N. LAN	IB		941 685-1141	
	-	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a c	heck for th	e following amount:		
■ \$2:	5.00 Fili	ng 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)

MAILING ADDRESS:

TO:

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

TO ARTICLES OF ORGANIZATION OF

		-5 m
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	第4 2 0
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	OR and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Fatan way washing adducer if annisable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	-	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARVIN N. RODRIGUES	522 CATARZI WAY SARASOTA FL 34232	Add
			■ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change

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Effective data if other tha	06/01/2019 on the data of filing: (ontional)
f an effective date is listed, the da	in the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
document s'effective date on	the Department of State's fectors.
	level affective data but at a affective time at 12.01 and as the applies
ie record specifies a de The 90th day after th	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
JULY 31st Dated	2019
Dated	
- John	Signature of a member or authorized representative of a member
LEVEN, LAMB	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00