

4400617127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

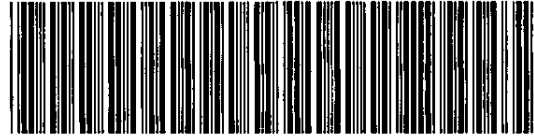
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/15--01031--022 **52.50

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15 MAR - 9 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

J. Shivers MAR 26 2015

205



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2015

HEMRAJ BADREE
4201 SW 10 ST
PLANTATION, FL 33317

SUBJECT: HB LIFT TRUCK OF FLORIDA LLC
Ref. Number: L14000017127

We have received your document for HB LIFT TRUCK OF FLORIDA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00002331

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HB Lift Truck of Florida LLC

DOCUMENT NUMBER: L14000017127

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hemraj Badree

Name of Contact Person

Firm/ Company

4201 SW 10 Street

Address

Plantation, FL 33317

City/ State and Zip Code

mobileliftllc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hemraj Badree

Name of Contact Person

at (954)

348-3493

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

HB Lift Truck of Florida 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 01/30/2014 and assigned Florida document number L14000017127

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mobile Lift LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4201 SW 10TH STREET

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33317

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:

HEMRAJ BADREE

New Registered Office Address:

4201 SW 10TH STREET

Enter Florida street address

PLANTATION

City

Florida

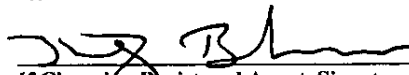
33317

Zip Code

FILED
15 MAR -9 PM 12:4
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HEMRAJ BADREE	4201 SW 10TH STREET PLANTATION I	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/18, 2015



Signature of a member or authorized representative of a member

HEMRAJ BADREE

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
MAR 19 2015
11:00 AM
TALLAHASSEE, FLORIDA

15 MAR - 9 PM 12: 45

FILED