L14000 168165

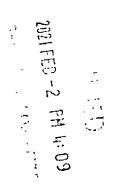
(Re	questor's Name)	
9/1)	Andrew a Manie)	
	ldress)	
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(Ad	dress)	
	·	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	<u> </u>
Special instructions to	rining Officer.	

Office Use Only



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COVER LETTER

TO: Registration Division of C			• >
ODBIEGT.	 LAND OF CON	STRUCTION EQUIPMENT LLC	
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Anthony Morales		
		Name of Person	
	MyUSACorporation.com		
		Firm/Company	
	1 Radisson Plaza, Suite 80	00	
		Address	·
	New Rochelle, NY, 10801	i	
		City/State and Zip Code	
	info@myusacorporation.co		
	E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
Antho	ny Morales	877 3302677 at ()	
Name	: of Person	Area Code Daytime	Telephone Number
Enclosed 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Secti	ion
Registration Section Division of Corporations		Division of Corpo	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND OF CONSTRUCTION EQUIPMENT LLC

Name of the Limit tears on our records.)

(A Flonda	Limited Liability (y)	
The Articles of Organization for this Limited Liability Co. Florida document number L14000168165	ompany were filed on 10/27/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	od Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>ESSSY</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	285
	l	Florida Zip Code
New Registered Agent's Signature, if changing Registered		гір Сәле
l hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con	nd agree to act in this capacity. L applete performance of my duties,	further agree to comply with the and I am familiar with and

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
AMBR	HASSAN ALKOUZ	HIZAM STREET, HASSAN ALKUOZ COMPLEX	
		IST FLOOR, AMMAN, JORDAN	□Remove
		P.O.BOX 160 AMMAN 11731 JORDAN AMMAN	Change
			🗆 Add
			□Remove
			_ Change
			_ 🗆 Add
		_ []Remove	
			_ Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ 🗆 Remove
			_ Change
			_ □Add
			_ □Remove
			□Chan

), If amo	ending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
-	
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(if an cffi _ <u>Note:</u>	ve date, if other than the date of filing: (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ne record ord is file	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_	30th day of December 2020
	Signature of a member or authorized representative of a member
	AHMAD ALKOUZ
	Typed or printed name of signee

Filing Fee: \$25.00