L14000 180402

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
JAC Equip			
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Jeff Lazzeri		
		Name of Person	
	JAC Equipment LLC		
		Firm/Company	
	26551 SW 182 Avene		
		Address	<u> </u>
	Homestead, FL 33031		
		City/State and Zip Code	
	janice.moeller@allrestore.n		(F-allow)
For further information c	oncerning this matter, please c	to be used for future annual report no all:	ancation)
Janice M. Moeller		305 238-2391 at ()	
Name o	f Person	Arca Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	Z410 IN. IVIONT	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAC Equipment LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records d Liability Company)	<u>i-</u>)	
The Articles of Organization for this Limited Liability Compar Florida document number L14000180402	ny were filed on 11/20/2014		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC"	or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			*
Principal office address MUST BE A STREET ADDRESS)		'p =-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		U_{1}	23
			7
Enter new mailing address, if applicable:			WH 10:
Mailing address MAY BE A POST OFFICE BOX)		岩	30
Muning undress MAT BE A FOST OFFICE BOX	-		
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter (</u>	the name of	the new regis
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Florida street address		
	, Flo	orida	
	City		Lip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag		rthar agree	to comply wi
provisions of all statutes relative to the proper and comple			
accept the obligations of my position as registered agent a	s provided for in Chapter 605. I	F.S. Or, if th	his document
eing filed to merely reflect a change in the registered offic	ce address, I hereby confirm tha	it the limited	d liability

If Changing Registered Agent, Signature of New Registered Agent

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Julie A. Lazzeri	26551 SW 182 Avenue, Homestead, FL 33031	= Add
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			□ Change
			□ Add
			□ Remove
			Change
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fective date, if other than in effective date is listed, the date offer. If the date inserted in this cument's effective date on the	must be specific is block does n	and cannot be of meet the ap	plicable statu	filing or more that tory filing requ	(option 90 days after irrements, this	filing.) Pr	arsuant to II not be	605.020 listed a
ecord specifies a delayed effer is filed.	ective date, but	not an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b) The 9	Oth day	after th
ated June 10th	,/		·					

Filing Fee: \$25.00