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2017 JAN 10 PH R 11 SECRETARY OF STATE

K. SALY JAN 12 2017

COVER LETTER

TO:	Registration Se Division of Cor							
SUBJE		PERATOR SCHOOL OF MIA	MI LI.C.					
SCDJ1		Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	•				
Please	return all correspo	ndence concerning this matter	to the following:					
		JOSE E. LOPEZ						
			Name of Person					
CRANE OPERATOR SCHOOL OF MIAMI LL.								
			Firm/Company					
	300 NW 65 AVENUE							
Address								
		MIAMI, FLORIDA 33126	•					
		FLORIDACRANE@ATT.N	City/State and Zip Code NET					
		E-mail address: (to be used for future annual report notification)						
For fur	ther information co	oncerning this matter, please ca	all:					
JOSE	E. LOPEZ		305 970-5004 at ()					
	Name of	Person	Area Code Daytime To	elephone Number				
Enclose	ed is a check for th	e following amount:						
□ \$2:	5.00 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 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

2017 JAN 10 PM FE 11

SECRETARY OF STATE

ALLAHASSEE. FLORIOS

CRANE OPERATOR SCHOOL OF MIAMI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number		and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
CRANE OPERATOR SCHOOL OF FLORIDA LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300 NW 65 AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33	3126
Enter new mailing address, if applicable:		
• • • •		_
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		records, <u>enter the name of the new</u>
registered agent and/or the new registered office address here Name of New Registered Agent:		records, <u>enter the name of the new</u>
registered agent and/or the new registered office address here		
registered agent and/or the new registered office address here Name of New Registered Agent:	: 	et address
registered agent and/or the new registered office address here Name of New Registered Agent:	: 	
registered agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida stred	et address

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 2017 JAN 10 PM 48 11 MGR = Manager AMBR = Authorized Member SEURETARY OF STATE TALLAHASSEE. FLORIDA **Address** Title <u>Name</u> **Type of Action** □ Add □ Remove _□ Change _□ Add _□ Remove ☐ Change .□ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove

_□ Change

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<u>lote:</u> If	the date inserted i	in this block doe	s not meet the	applicable	statutory fil	ing requiren	nents, this d	ate will not	be listed a
ocumer	nt's effective date	on the Departme	nt of State's re	cords.					
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Filing Fee: \$25.00