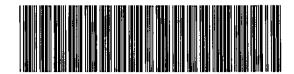
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SECRETARY OF STATES

K. SALY NOV - 8 2016

COVER LETTER

TO:

Registration Section

Divisi	on of Corp	orations		
	VQUIP, LL	.C		
SUBJECT: _	-	Name of Lim	ited Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Laura Sims		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Sims Munson CPA		
			Firm/Company	
		319 N. Parrott Avenue		
			Address	
		Okeechobee, FL 34972		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report i	notification)
For further info	ormation co	ncerning this matter, please ca	all:	
Laura Sims			863 467-300 at (0
	Name of	Person		time Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing 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)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 2015 i	FILED
77777	T PM 12: 10 TY OF STATE SE, FLORID.
.) 357	E, FLORID

VQUIP, LLC

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

•	A Florida Limited Diability Company)	L.ORIDA
The Articles of Organization for this Limited Lia Florida document number L16000013210		and assigned
Γhis amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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

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>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this blo	ck does not me	et the applicab	le statutory filin	g requirements, the	nis date will not b	e listed as
cument's effective date on the De	partment of Sta	ite's records.				
record specifies a delayed	effective da	te but not	an effective t	ime at 12:01	am on the e	arlier o
The 90th day after the reco		te, but not	an enective	e, at 12.01	a.m. on the e	arrier o
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