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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
F And S He SUBJECT:	eavy Equipment And Truck Re	pair LLC	
•	Name of Lim	ited Liability Company	
-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Henry Alvarenga		
		Name of Person	
	F And S Heavy Equipmen	t And Truck Repair LLC	
		Firm/Company	
	10480 Bromeliad Rd		
	Water transfer and the same	Address	
	Mims/F1 32754		
		City/State and Zip Code	
	Halvarenga285@gmail.com		
		to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Henry Alvarenga		407 968-0191 Area Code Daytime Telephone Number 5	
Name o	of Person	Area Code Daytime Telephone Number	П
		JUN -	-
Enclosed is a check for the	he following amount:		7
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	<b>"</b> フ
	ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section	
	on of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F And S Heavy Equipment And Truck Repair LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for this Liability Companies of Organization for the Organization for the Organization for this Liability Companies of Organization for the Organization for t	ny were filed on <u>02/22/2016</u>	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	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:		S JUN
New Registered Office Address:	Enter Florida street address	SAR -
	, Flor	ida Co
New Registered Agent's Signature, if changing Registered Agen	,	0 <b>f</b>

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
AMBR	ALVARENGA, CIPRIANO	10480 Bromeliad RD	☐ Add
		Mims,FL 32754	<b>⊞</b> Remove
AMBR	ALVARENGA, NORA	10480 Bromeliad RD	
		Mims,Fl 32754	<b>□</b> Remove
			☐ Change
<u></u>			
			Remove
			Change
			□ Add
			Remove
			SDAdd T
			□ Change
			□ Remove
			☐ Change

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Filing Fee: \$25.00