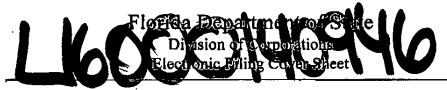
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000252693 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VIERA WILLIAMS, P.A.

Account Number : I20090000023 Phone : (850)222-0013

Fax Number : (850)222-9047

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA EQUIPMENT LEASING & SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. SCOTT DCT 13 2016

## H16000252693 3

#### **COVER LETTER**

TO: Registration 5 Division of Co				
FLORIDA SUBJECT:	A EQUIPMENT LEASING & S	ERVICE, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing,		
Please return all corresp	condence concerning this matter	to the following:	•	
	Timothy P. Sparks			
	***	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Viera Williams, P.A.			
		Firm/Company		
	701 Bast Tonnessee Street			
	<del></del>	Addresa	· ···	
	Tallahassee, Florida 3230	3		
	TSparks@vierswilliams.co	City/State and Zip Code	<del></del>	
	<del>-</del>	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	ali:		
Timothy P. Sparks		850 222-0013	<b></b>	
Name :	of Person	Area Coda Daytime	Telephone Number	77
Enclosed is a check for t	the following amount:		3.53 3.53 2.53 2.53 2.53 2.53 2.53 2.53	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA EQUIPMENT LEASING &	•	
(Name of the Limited )	Jability Company as it may appears on our records.) Florida Limited Limbility Company)	
The Articles of Organization for this Limited Liabi Plorida document number L16000140946	lity Company were filed on 07/27/2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amouding name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.I.,C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter now mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter address here:	the name of the new
Name of New Registered Agent:		35 5 Th
New Registered Office Address:		Me - O
	Enter Florida street address Florida	7.00
<del>-</del>	Clty	Zip Code
m4 by 4 4 4 4 4 5 4 4 10 10 10 10 10 10 10 10 10 10		<del>.</del>

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, Stangture of New Registered Agent

Page 1 of 3

#### H16000252693 3

If amonding 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 FRANCES "CHANCEY"	Address	Type of Action
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Page 2 of 3

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If on officeti	ve date is listed, the date must be sp	of filing: eaific and cannut be prior to date of filing or more than 90 day	ye after filing.) Pursuant to 605,0207 (
Note: Ift	the dats inserted in this block & 's effective date on the Departr	oes not must the applicable statutory filing requiremen	its, this date will not be listed as t
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Dated OC	71 ODBK	·	
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	- Juan	Charles	<u> </u>
	- Signii	ture of a assembler or authorized representative of a member	上州 8
	When the B. Accellan		第二十
	Timothy P. Sparks		<u> </u>
	· ·· · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	Control Control
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		Poge 1 of 1	
	•	Page 3 of 3 Filing Fee: \$25.00	# 8 31 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15