L16000179621		
(Requestor's Name) (Address) (Address)	900295297179	
(City/State/Zip/Phone #)	02/09/1701014005 **30.00	
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Special Instructions to Filing Officer:	17 FEB 28 API 6 48	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2017

LENFORD PEARCE 815 5TH ST LAKE PARK, FL 33403

SUBJECT: KGP DEISEL & HYDRAULIC MOBILE SERVICE LLC Ref. Number: L16000179621

We have received your document for KGP DEISEL & HYDRAULIC MOBILE SERVICE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00002820

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www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KGP Diesel d Hydraulic Mobile company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on September 27,2016 and assigned Florida document number  $\_16000179621$ .

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	·····			
(Principal office address MUST BE A STREET ADDRESS)	*######			
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		•	5	1 mm - 10 mm
Enter new mailing address, if applicable:		· ·		
(Mailing address MAY BE A POST OFFICE BOX)		i e	 	(And and a second s
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Lenford Pearce	<u> </u>
New Registered Office Address:	815 5th Stree	
	LAKE PARK	_, Florida <u>33403</u> 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

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<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
AHBR	Almonda Hume	843 SW LAKE CHArles	Crde ZAdd
		843 SW LAKE CHArles PORT ST Lucie, FL 34	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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# E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 24th . 2017.

Atturne Signature of a member or authorized representative of a member

Almanda Hume Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00