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: (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone

: (305)485-9300

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CLARA GIRALDO P.A



October 26, 2018

10/25/2018 03:44

850-617-6381

FLORIDA DEPARTMENT OF STATE

EQUIPMENT AND INTERNATIONAL SUPPLIES LLC 7950 NW 53RD STREET SUITE 337 MIAMI, FL 33166US

SUBJECT: EQUIPMENT AND INTERNATIONAL SUPPLIES LLC

REF: L16000190610

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the domplete document, including the electronic filing cover sheet.

You have completed the wrong form. You'need to complete the amendment form for a Florida Limited Liability Company.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III FAX Aud. #: E18000309136 Letter Number: 818A00022049

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION MEAMI, FL 33155

Chara Giraldo E.A. 4(Î80 SW 84 AVENUE SUITE C PH.: (305) 485-9300

EQUIPMENT A (Name of the Limited U) (A)	ability Company	TERAC	TONO	(Suppression of the suppression	PIESL	cc
The Articles of Organization for this Limited Liabili	ity Company w	ære filed on			and ass	igned
Florida document number 11600190610					, 6	
This amendment is submitted to amend the following	ıg:			·	图 8	igned
A. If amending name, enter the new name of the	limited liabili	tv comnany	/ bere:			$\tilde{\mathcal{L}} = \tilde{\mathcal{L}}$
					to Viv.	3/2
The new name must be distinguishable and contain the words	"Limited Liability	Company," th	ne designation	"L'.C" or the s	bbreviation L.I	برد. تي
Enter new principal offices address, if applicable	:	10758	642	120 74	ST B	<i>-</i>
(Principal office address MUST BE A STREET A)	DDRESS)	MON	i FL	33157	· · ·	
					·	
Enter new mailing address, if applicable:		10758	_ 50	190**	ध	
(Mailing address MAX BE A POST OFFICE BOX	2	Man	11 FL	331	57-	
B. If amending the registered agent and/or re-						
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered offic address here:	e address	on our rec	cords, enter	the name o	f the new
Name of New Registered Agent:	NOOCIA	2 Mor	(TKO)_	<u> </u>		
New Registered Office Address:	10758	2 5 W	190 **	\frac{1}{2}		•
}		Enter F	lorida street a	daniss		
	MOr			_, Florida	33157	
Non-Planian Add at the		City			Zip Code	
New Registered Agent's Signature, if changing Regist	ered 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

18/26/2018 03:44 3054851098 CLARA GIRALDO P.A PAGE 04

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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<u>Title</u>	Name	Address	Type of Action
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		Miami FL 33157	□ Remove
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