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SECRETARY OF STATE FALLAHASSES, FLORIDA

COVER LETTER

TO:		stration Section of Corp		•		•
CUDIC		AW CRANI	S, LLC			
SUBJE	sci: ,		Name of Lim	ited Liability Company		
The en	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	dence concerning this matter	to the following:		
			Alavro Contreras			
			· · · · · · · · · · · · · · · · · · ·	Name of Person		
			AW Cranes, LLC			
				Firm/Company		
			7941 Saint Andrews Cir			
				Address		= 1.0
			Orlando, FL 32835			17.5
			alvaroone@hotmail.com	City/State and Zip Code		CRETARY OF LONDA
			E-mail address: (to be used for future annual report notif	ication)	P F
For fur	ther in	formation co	ncerning this matter, please ca	all:		မှ မြောက် မှ မျှော
Alvaro C	ontreras			at (324) 276-1	0421	PH 3: 05
		Name of	Person		e Telephone Number	
Enclos	ed is a	check for the	: following amount:			
\$2.	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Star Certified Copy (additional copy is en	tus &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee. FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AW CRANES, LLC.			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	11/18/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>·e</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis	stered office address on	our records, ente	SECRETARY OF STATE OF THE Name of the ne
registered agent and/or the new registered office add		, 	or S.
Name of New Registered Agent:			
New Registered Office Address:			
	ress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the name of the new registered office address here: The Registered Agent: The Research Agent: The R		
	- C'	, Florida _	7: 6 1
	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
MGR	Juan C Perez	6023 WEST TOWN CENTER BL	Add
		ORLANDO, FL 32837	■ Remove
			☐ Change
AMBR	JCL Multiservices, ŁLC	6023 WEST TOWN CENTER BL	
		ORLANDO, FLORIDA 32837	. Remove
			Change
			Add
			Remove
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