

17000018241

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(Business Entity Name)

(Document Number)

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19 DEC 20 PM 3:01

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COVER LETTER

Registration Section
Division of Corporations

Heavy Equipment Sales & Rentals LLC

CT: _____
Name of Limited Liability Company

19 DEC 20 PM 3:01
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Hayes

Name of Person

Hayes & Varga CPA

Firm/Company

115 W Gore Street

Address

Orlando, FL 32806

City/State and Zip Code

rhayes@hayesvarga.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Hayes at (407) 894-6722

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

Heavy Equipment Sales & Rentals LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 DEC 20 PM 3:01
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 01/23/2017 and assigned
document number L17000018241

This amendment is submitted to amend the following:

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

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

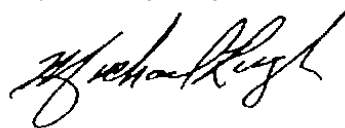
Name of New Registered Agent: Rugh, Michael

New Registered Office Address: 5526 Embassy Street
Enter Florida street address

Orlando, Florida 32809
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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

= Manager
t = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Bogue, Shane	5526 Embassy Street	<input type="checkbox"/> Add
	Orlando FL 32809	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
Rugh, Michael	5526 Embassy Street	<input checked="" type="checkbox"/> Add
	Orlando FL 32809	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Sean Mc Elvaney	PO Box 1726	<input checked="" type="checkbox"/> Add
	Orlando FL 32802	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

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

dated September 11, 2019



Signature of a member or authorized representative of a member

Sean McElvaney

Typed or printed name of signer