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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMC MACHINERY RENTAL, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

AMC MACHINERY RENTAL, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN A. CORONEL CARPIO

Name of Person

AMC MACHINERY RENTAL, LLC

Fimt/Company

15245 SUNSET OVERLOOK CIR

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

amcmachineryrental@gmail.com

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

For further information concerning this matter, please call:

CHRISTIAN A. CORONEL CARPIO

Name of Person

407 773-6238 at (_____) Area Code Days

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 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

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMC MACHINERY RENTAL, LLC		38 2021
(Name of the Limited Lia (A Flo	bility Company as it new appears on our order Limited Liability Company)	records.) NO 22
The Articles of Organization for this Limited Liabilit		
Florida document number L17000050697		
This amendment is submitted to amend the following	;	AH 10: 1
A. If amending name, enter the new name of the t	imited liability company here:	
AMC CARRIERS LLC		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>e</u> :	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ld-ess
	·····	. Florida
	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.

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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>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
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# D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______ NOVEMBER 1, 2021

(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) <u>Note:</u> 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.

NOVEMBER 1. Dated 2021

Signature of a member or authorized representative of a member

CHRISTIAN A. CORONEL CARPIO

Typed or printed name of signce

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