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SECRETARY OF STATE OF STATE OF STATE

COVER LETTER

Division of Corp	Jor actions				
HEAVY EQ	UIPMENT LIVIN LARGE AF	PPAREL, LLC			
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	ndence concerning this matter to	o the following:			
	Hunter L Hernandez				
		Name of Person	 		
		T: /C			
		Firm/Company			
	19781 NW 280th St				
		Address			
	Okeechobee, FL 34972		•		
		City/State and Zip Code			
	wtwm92@gmail.com				
	E-mail address: (to	o be used for future annual report notifica	tion)		
For further information co	oncerning this matter, please ca	II:			
Sarah J Black		772 215-4755 at ()			
Name of	Person	Area Code Daytime Te	elephone Number		
Enclosed is a check for th	e following amount:				
■ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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 LIVIN LARC		LC ny as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number L17000058954				ed
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C.	27
Enter new principal offices address, if applicat	19781 NW 280th St			
(Principal office address MUST BE A STREET		Okeechobee, FL 34972	7	SEC
		- us	NO.	AET
Enter new mailing address, if applicable:		19781 NW 280th St	-9 A	ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		Okeechobee, FL 34972		
			္ကို မွာ	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, <u>enter the name of</u>	the new
Name of New Registered Agent:				
New Registered Office Address:	19781 NW 280	Oth St Enter Florida street	address	
	Okeechobee		, Florida ³⁴⁹⁷²	
		City	Zip Code	
Now Desistered Assetts Circums of shareing De	بغجممة المسمعين			

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
MGRM	HUNTER L HERNANDEZ	19781 NW 280th St	□ Add
		Okcechobee, FL 34972	Remove
			■ Change
AMBR	Sarah Jessica Black	19781 NW 280th St	Add
		Okeechobee, FL 34972	Remove
			Change
			Add
			☐ Remove
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			Add
			□ Remove
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an effective date is Note: If the date	other than the da listed, the date must be inserted in this block ive date on the Depar	e specific and o	cannot be prior t eet the applica	to date of filing o	or more than 90 ciling requireme	_ (optional) lays after filing.) F ents, this date w	tursuant to 605.02	207 as
e record spec The 90th day	ifies a delayed e after the recor	effective da d is filed.	ate, but not	an effectiv	e time, at 1	2:01 a.m. or	n the earlier	of
November	7	 	2017	_·				
		you	ember or autho	rized represents	tive of a membe	,		

Page 3 of 3

Filing Fee: \$25.00