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COVER LETTER

Division of Cor	porations	
SUBJECT:	IJ EQUIPMENT LLC	•
	Name of Lin	nited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.
Please return all correspon	ndence concerning this matter	to the following:
	CAROL RUBEN	
		Name of Person
	INNISFREE HOTELS	
		Firm/Company
	113 BAY BRIDGE DRIV	Е
		Address
	GULF BREEZE, FLORIE	DA 32561
		City/State and Zip Code
	carol@innisfreehotels.com	
		to be used for future annual report notification)
For further information co	oncerning this matter, please c	all:
CAROL RUBEN		850 934-3609 at ()
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	,
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJ EQUIPMEN	NT LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	·
The Articles of Organization for this Limited Liability Co	ompany were filed on MARCH 27TH, 2017	and assigned
Florida document number L17000069687	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u> t	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	ESS)	7
		APR
		19 F
Enter new mailing address, if applicable:		7 C C C C C C C C C C C C C C C C C C C
Mailing address MAY BE A POST OFFICE BOX)		- St
		5 = 3
		#. .?
B. If amending the registered agent and/or registered agent and/or the new registered office address.		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7. 0.1
	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
AMBR	INNISREE HOTELS	113 BAY BRIDGE DR, GULF BR	■ Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
·			
			Remove
			7
			□ R∰ove SS
			Change
			Add
			Remove
			

). If amend	ling any other information, enter change(s) here: (Attach additional sheet	ets, if necessary.)	
			
		entered and the deficiency	
	7 140 10 10 10 10 10 10 10 10 10 10 10 10 10		
(If an effective Note: If the	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirer's effective date on the Department of State's records.		
the record) The 90	d specifies a delayed effective date, but not an effective time, at 0th day after the record is filed.	12:01 a.m. on the earlie	r of:
Dated	APRIL 18 , 2017 .	17 APR I	30 20 20 20 73 73
	Signature of a member or authorized representative of a memb	er P	
	S. BROOKS MOORE Typed or printed name of signee	<u> </u>	STA SEA

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Filing Fee: \$25.00