LITUUMISSAS

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(Business Entity Name)	_
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COVER LETTER

TO: Registration S Division of Co			
	THONAL EQUIPMNET DIST	RIBUTION LLC	
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and feets) are suit	omitted for filing.	
Please return all correspo	ondence concerning this made	to the following.	
		FRANCISCO RAMIRIEZ	
		Name of Person	
		Firm/Company	
	9810 NW 47TH TERRAC	DE CONTRACTOR OF THE CONTRACTO	
		Address	
	DORAL, ELORIDA 331	78	
	RAMIREZCHERAN© GN	City/State and Zip Code IAIL.COM	
	E-mail address.	to be used for nature annual report notif	ication)
For further information a	concerning this matter, please c	alt:	
FRANCISCO RAMIRE	7.	786 3272297 at ()	
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for d	he tollowing amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing I ce & 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL EQUIPMNET DISTRIBUTION LEC	
(Name of the Limited Liability Company as it now a (A Florida Lamied Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Clorida document number $\frac{1.17000073528}{\dots}$.	n MARCH 31, 2017 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compar	ny here:
NTERNATIONAL EQUIPMENT DISTRIBUTION LLC	
he new name must be distinguishable and contain the words "I imited Liability Company."	the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	=
	D.
	20
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	7.
	20 /
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	. Florida
City	Zin 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			☐ Change
			☐ Remove
			Change
			D Add
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<u>ite:</u> li tl	date, if other than we date is fisted the dat the date inserted in the is effective date on t	his block does no	of meet the appli	cable stautory f	lling requirements	s, this date will no	ant to 605 020 of be listed a
	d specifies a dela Oth day after the			ot an effectiv	e time, at 12:	01 a.m. on th	e earlier (
Al	.PRIL 6th		2017				
			72	<u></u>			
		Sure di A	home K	norized representa	two lat a pagnabase		
			, a management aller	TO BE ON TOPICS SCHOOL	and the rate of a subgriding t		
	FRANCISCO RAM	Carrie Carrie					

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