117000102849

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	

Office Use Only



500316011775

07/25/18--01023--031 **60.00

2818 JUL 25 PH 5: 02

B FIGUEROA.
AUG 0 2 2018

COVER LETTER

	gistration Sec cision of Corp			
SUBJECT:	UN	TVERAL CX Name of Limit	RANE LIFT ted Liability Company	S LLC
The enclosed	I Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	o the following:	
		Area Code Passon and amount: \$\sum_{\text{NERAL}} \cup CRANE \left_{\text{IFTS}} \left_{\text{LC}} \\ Name of Limited Liability Company Company		
		UNIVERAL	CRANE LIF	TS LLC
		234 N.E 3	2 Terr Address	
		Homestead	Florida 3303 City/State and Zip Code	3
				fication)
For further is	nformation co	oncerning this matter, please ca	II:	
Franc	Name of	Person	at (<u>454</u>) <u>2/3</u> ~ Area Code Daytim	2613 e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	_	_

MAILING ADDRESS:

TO:

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

UNITVERAL	CRANE	LIFTS	LLC	
(Name of the	Limited Liability Co	ompany as it now appe	ars on our records.)	
<u> </u>	(A Florida Lim	ited Liability Company)	

The Articles of Organization for this Limited Liability Company were filed on 05/09/2017 and assigned Florida document number 127000202849.

This amendment is submitted to amend the following:

LAFRANCE TRANSPORT L	-LC
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	234 NE 32 TERR
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FLORIDA
	33033
	224 A/C 22 TERR
nter new mailing address, if applicable:	234 N.E. 32 TERR
Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FLORIDA
	·
	33033
	office address on our records, enter the name of the
<u>Name of New Registered Agent:</u>	office address on our records, enter the name of the re:
gistered agent and/or the new registered office address he	うるうう office address on our records, <u>enter the name of the</u> re:
Name of New Registered Agent:	office address on our records, enter the name of the re:
	office address on our records, enter the name of the re:

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MG <u>R/AM</u> BR	Agues LaFrance	234 N.E 32 Terr	Do Kad
,		Homestead, Fl 33033	□ Remove
			Change
CEO/AMBR	Francy La France	234 N.E 32 Terr Homesterd , F1 33033	B Xdd
	,	Homesterd , F1 33033	□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			□ Remove
		 -	Change
			\D\ \Add
			□ Remove
			□ Change
			D Add
			□ Remove
			☐ Change

amending any other in	, c	g -(0)					
							
						-	_
							
·-							
					<u> </u>		
							
	 	•			<u>.</u>	<u> </u>	
						<u> </u>	
						25	i _
					 ;	P	_; ; —;
						5: 0	
					*	10	
ffective date, if other than the an effective date is listed, the date muote: If the date inscribed in this bocument's effective date on the I	lock does not me	et the applicat	date of filing or notes that date of filing or notes that the statutory filing the statutory	ore than 90 days at g requirements, t	tional) ter filing.) Pu his date will	rsuant to I not be	605.020 listed a
e record specifies a delaye The 90th day after the rec		te, but not	an effective	ime, at 12:01	l a.m. on	the ea	arlier o
ated July 17		2018	_·				
	Signature of a me	ember or authori	zed representative	of a member	.		-
<i>-</i> ,	LaFra						

Page 3 of 3

Filing Fee: \$25.00