L17000114642

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	Equipment	Repair Solutions, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Adam Haubenreich		
			Name of Person	
		Equipment Repair Solution	ns, LLC	
			Firm/Company	
		79068 Baseline Court		
			Address	
		Tampa, Florida 33637		
			City/State and Zip Code	
		ahaubenreich@customtruck		
		E-mail address: (to be used for future annual report not	ification)
For further inf	formation co	oncerning this matter, please c	all:	
Adam Hauber	nreich		816 627-2608	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 Fi	ling 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)
	ing Addressistration S		Street Address: Registration Se	ection
_		orporations	Division of Co	
P.O.	Box 632	7	The Centre of	Γallahassee
Talla	ahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equipment Repair Solutions, LLC	제외 JUN 28 최는 7: 0 8
(Name of the Limited Liability Co (A Florida Limi	empany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000114642</u> .	pany were filed on May 25, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	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 ADDRESS	<u> </u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

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>	Name	Address 21 000 28 38 7: 08	Type of Action
MGR	John Thornton	7906 Baseline Court, Tampa FL 33637	□Add
			■Remove
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Effective data if other than the data of filings	(ontional)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (able statutory filing requirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective tipord is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 17 2021	

Typed or printed name of signee