117000175768

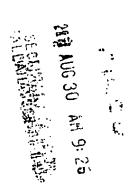
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COVER LETTER

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	gistration Sec Fision of Corp			É,	وها العام
a		COMPRESSOR, LLC		Service Servic	<u> </u>
SUBJECT:		Name of Limi	ited Liability Company		So is
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.		100 pt 9: 26
Please return	ı all correspon	dence concerning this matter	to the following:	≻	
		ROXANA TUMBACO			
		· .	Name of Person		
		CORNERSTONE TAX AT	ND ACCOUNTING SERVICES C	ORP	
			Firm/Company	*	
		4835 HOLLYWOOD BLV	D SUITE 4		
		·	Address		
		HOLLYWOOD, FL 3302	1		
		ACCOUNTING@CORNER	City/State and Zip Code RSTONETAXCORP.COM	-	
		E-mail address: (1	to be used for future annual report noti	fication)	
For further i	ntormation co	ncerning this matter, please ca	sil:		
ROXANA T	TUMBACO		786 597 9461		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for the	: following amount:			
■ \$25.00 H	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)	
	.	va . hhbbas			

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 ARTICLES OF ORGANIZATION

ULTIMATE COMPRESSOR, LLC

and assigned 9. (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/17/2017}{100}$ Florida document number L17000175768 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

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	<u>Address</u>	Type of Action
MGR	MARIA E TEN	1010 SW 4TH WAY	
			Add
		BOYTON BEACH, FL 33426	_
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
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			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier). The 90th day after the record is filed. Dated	Effective date, if other than the date of filing:	_			· · · · · · · · · · · · · · · · · · ·				
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