

L17000231664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

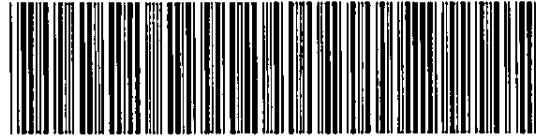
(Business Entity Name)

(Document Number)

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18 FEB -8 AM 9:49  
TALLAHASSEE, FLORIDA

FEB 07 2018  
Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: " INDUSTRIAL EQUIPMENTS & SERVICES LLC " \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

CARLOS A. MACCHI \_\_\_\_\_  
Name of Person

WEALTH PROJECTS \_\_\_\_\_  
Firm/Company

P. O. BOX 161976 \_\_\_\_\_  
Address

MIAMI, FL 33116-1976 \_\_\_\_\_  
City/State and Zip Code

macchiins@bellsouth.net \_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A. MACCHI \_\_\_\_\_ at ( 305 ) 967-0471 \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- \$25.00 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)

**MAILING ADDRESS:**  
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**

**" INDUSTRIAL EQUIPMENTS & SERVICES LLC "**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/07/2017 and assigned Florida document number L17000231664.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INDUSTRIAL EQUIPMENTS & SERVICES LLC

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: 10479 N.W. 82 nd STREET UNIT 18  
*(Principal office address MUST BE A STREET ADDRESS)* DORAL, FL 33178-4408

Enter new mailing address, if applicable: 10479 N.W. 82 nd STREET UNIT 18  
*(Mailing address MAY BE A POST OFFICE BOX)* DORAL, FL 33178-4408

**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: OLIS ALVARINO MAESTRE

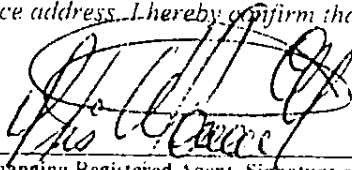
New Registered Office Address: 10479 N.W. 82 nd STREET UNIT 18  
Enter Florida street address

DORAL Florida 33178-4408  
City Zip Code

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**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

OLIS ALVARINO MAESTRE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EMILY A. LASTRA ALVARINO	10479 N.W. 82 nd STREET # 18	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178-4408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FEB 9 AM 9:19  
 STATE OF FLORIDA  
 TALLAHASSEE

