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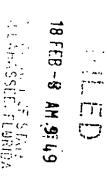
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C			
SUBJECT: " I	NDUSTRIAL EQUIPME	NTS & SERVICES LLC	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	CARLOS A. MACO	CHI	
		Name of Person	
	WEALTH PROJECT	rs	
		Fип/Company	
	P. O. BOX 1619	976	
		Address	
	_MIAMI.,FL .3311	6-19.76 City/State and Zip Code	
	macchiins@bell	lsouth.net	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ill:	
CARLO	S A. MACCHI	at (305) 967-04 Area Code Daytim	171
Name	of Person	Area Code Daytim	e 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

	INDUSTRI.	AL EQUIPMENTS	& SER	VICES LLC	11
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny ay it now appears on or Liability Company)	ir records.)		
The Articles of Organization for this Limited Liab		were filed on 11/07,	/2017	and as	signed
Florida document number <u>L1700023166</u>	4				
This amendment is submitted to amend the follow	inā:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
INDUSTRIAL EQUIPMENT	S & SERV	ICES LLC			
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designati	on "LLC" or	the abbreviation "L	LC"
Enter new principal offices address, if applicable	e:	10479 N.W. 8	2 nd S	STREET UNI	T 18
(Principal office address MUST BE A STREET)	(DDRESS)	DORAL, FL 33	178-44	08	
			_		
Enter new mailing address, if applicable:		10479 N.W. 8	2 nd S	TREET UNI	r 18
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	DORAL, FL 33	1.78 - 44	0880	
					
B. If amending the registered agent and/or	registered off	ice address on our r	ecords, e	nter the name	of the new
registered agent and/or the new registered office	address here	:		FEB	,
Name of New Registered Agent:	DLIS ALVA	ARINO MAESTRE		SSEE	1
New Registered Office Address:	10479 N.	W. 82 nd STRE		T 180	
		Enter Florida street	address	33 53 	Name of the last
<u>.i</u>	OORAL	City	Florida	a 33178-44 Zip Code	0.8

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. Lhereby offirm 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

Page 1 of 3

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 Type of Action Title Name <u>Address</u> EMILY A. LASTRA ALVARINO 10479 N.W. 82 nd STREET # 18 Add MGR DORAL, FL 33178-4408 Ll Remove Change _ 🗆 Add .**ൿ** Remove Change ښ . Emove □ Change _D Add □ Remove __ 🗆 Change _🗀 Add _____ Remove __ Change _□ Add _□ Remove

_____ ☐ Change

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Filing Fee: \$25.00