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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>'N</u>	DERLOOD SEGNAME of Lim	NUTPMENTREPATIR, ited Liability Company	UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James	Name of Person	
	Undurwoo	Pol 3 Sour purch	lepar, LLC
	1850 Har	ley Place Address	
	Memt Isi	City/State and Zip Code	
	Uvoleneccod E-mail address: (Securio mentre para to be used for future annual report notif	agrail (on
For further information co	oncerning this matter, please ca	all:	
DMIS UM	Unacl Person	at (<u>321</u>) <u>543</u> Area Code Daytime	3439 c Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fec	☐ \$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)
Mailina Addres	e.	Street Address	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DINDERWOOD'S EQUI	PMENT REPAIR	LLC
<u>UNDERWOODS</u> EQUIP (Name of the Limited Liability Comp (A Florida Limited	<u>pany as it now appears on our rec</u> d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Companies Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Companies are not provided in the submitted to amend the following:		2017 and assigned
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "I	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 agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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

ล้ว

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>	Type of Action
MGR	James Underwood	1850 Harty Place	j⊠ Add
		Merritt Island, PL 32952	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			🗆 Remove
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	I, the date must be specifi ted in this block does (fic and cannot be prior to dat not meet the applicable:	te of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to ts, this date will not be	o 605.0207 (3) listed as the
fan effective date is listed Note: If the date insert	ate on the Department	it of State's records.			
fan effective date is listed Note: If the date insert document's effective da e record specifies a dela	ate on the Department		at 12:01 a.m. on the earlier	of: (b) The 90th day	after the
If an effective date is listed Note: If the date insert document's effective die record specifies a delard is filed.	ate on the Department		at 12:01 a.m. on the earlier	of: (b) The 90th day	5-3
If an effective date is listed Note: If the date insert document's effective did record specifies a delard is filed.	ate on the Department ayed effective date, bu	at not an effective time, a	at 12:01 a.m. on the earlier	of: (b) The 90th day	5-3
Note: If the date insert document's effective date record specifies a delayed is filed.	ate on the Department ayed effective date, bu A 20	it not an effective time, a . 2024 .	at 12:01 a.m. on the earlier	of: (b) The 90th day	after the 2021 AUG 26 ANTI: