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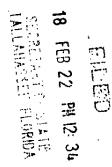
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I. LEGGETT



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2018

DANIEL PARSONS 605 WEST THIRD STREET LYNN HAVEN, FL 32444 US

SUBJECT: PARSONS BORTHERS, LLC

Ref. Number: L18000001308

We have received your document for PARSONS BORTHERS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00000628

RECEIVED

FEB 2 3 2018

COVER LETTER

TO:	Registration Se Division of Cor			
SUR	I D COM	BORTHERS, LLC		
ЗОВ	ieci:	Name of Lim	ited Liability Company	<u> </u>
The c	nclosed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		DANIEL PARSONS		
			Name of Person	
		PARSONS BORHTERS, I	LC	
			Firm/Company	
		605 West Third Street		
			Address	
		Lynn Haven, FL 32444		
		parsonseod@gmail.com	City/State and Zip Code	
		-	to be used for future annual report notific	cation)
For fu	orther information co	oncerning this matter, please ca	all:	
DAN	IEL PARSONS		850 348-3021	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$3	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

PARSONS BORTHERS, LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on FEBRUARY 21, 2018 and	assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
PARSONS BROTHERS RENTALS, LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	"L.L.C."			
Enter new principal offices address, if applicable:	605 West Third Street				
(Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, FL32444				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		~			
		哥 型			
D. Te amount to the sector to		22			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne of the i			
Name of New Registered Agent:	<u> </u>	မှု			
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Co				

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove _ Change _□ Add _□ Remove _□ Change

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Page 3 of 3

Filing Fee: \$25.00