# L180000002439

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Amendham

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### **COVER LETTER**

CUBICOT	Tower Crane Service		
SOBSECT.	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Christian Godinez		
	Strong Tower Crane Service	Name of Person	
	1918 NW 31st Ave	Firm/Company	
Address Gainesville Florida 32605			
	strongtower1217@gmail.co		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all;	
Christian Godinez		352 278-4344 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r 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** 

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

## TO ARTICLES OF ORGANIZATION OF

Strong Tower Crane Service 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 Con	mpany were filed on $01032018$ and assign	
Florida document number 82–3890151	L18000005439	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Polymer Crane LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:	1918 NW 31st Ave Gainesville FL 32605	
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1918 NW 31st Ave Gainesville FL 32605	
registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of test here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second sec	e must be specific and cannot be his block does not meet the ap	prior to date of filing or more oplicable statutory filing re	(optional) than 90 days after filing.) Pursuar equirements, this date will not	nt to 605. be liste
the record specifies a del ) The 90th day after the	ayed effective date, but record is filed.	t not an effective tim	e, at 12:01 a.m. on the	earlie
July 24th Dated	. 2019	,		
	Signature of a member or	To Cincil authorized representative of	a member	
Christian Godine	:			
	Turnet or	printed name of signee		

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Filing Fee: \$25.00