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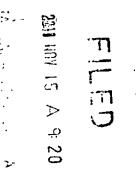
Office Use Only



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RECEIVED OCT 1 6 2018



11/19/18/05



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2018

VALOR CRANE & EQUIPMENT, LLC PO BOX 268028 WESTON, FL 33326

SUBJECT: VALOR CRANE & EQUIPMENT, LLC

Ref. Number: L18000169213

We have received your document for VALOR CRANE & EQUIPMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Numbe

Letter Number: 218A00022394

2018 15 PM 12: 4.9

COVER LETTER

| Registration Sec Division of Corp | | | | |
|--------------------------------------|---|---|---|----------------|
| ECT: Valor | CYANE & Equ Name of time | nipment, LLC ited Liability Company | · · · · · · · · · · · · · · · · · · · | |
| nclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| : return all correspon | idence concerning this matter | to the following: | | |
| | Summer | - L Robertson | | |
| | Valor Cra | ane Equipmen | +, LLC | |
| | PO Bo | 268028 Address | | 量 10 5 |
| | Weston | FL 33326 City/State and Zip Code | | |
| | Srahadress: | Kleyrobertson. to be used for future annual report no | Lom ititication) | o. 20 |
| irther information co | ncerning this matter, please c | all: | 7 |) . |
| Summer Name of | - Robertson Person | at (<u>964</u>) <u>821</u> — Daytir | - 6540 me Telephone Number | _ |
| sed is a check for the | e following amount: | | | |
| 15.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | □ \$60.00 Filing Fo Certificate of S | |

(additional copy is enclosed)

MAILING ADDRESS:

Their already submitted

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Valor Crane & (Name of the Limited Lia (A Flo | Equip | ment, l | _LC | | |
|--|--------------------------------------|--------------------------------------|-------------------|--------------------|------------|
| (<u>Name of the Limited Lia</u> (A Flo | ibility Company orida Limited Lia | as it now appears bility Company) | on our records.) | | _ |
| Articles of Organization for this Limited Liabilit la document number <u>L180001692</u> | _ | rere filed on | -13-2019 | ร์ anc | l assigned |
| amendment is submitted to amend the following | 2 : | | | | |
| amending name, <u>enter the new name of the l</u> | limited liabili | ty company her | <u>re</u> : | | |
| w name must be distinguishable and contain the words " | Limited Liability | y Company," the de | signation "LLC" o | r the abbreviation | n "L.L.C." |
| new principal offices address, if applicable: | | | | | |
| <u>cipal office address MUST BE A STREET AD</u> | DDRESS) | | | | |
| r new mailing address, if applicable: | | | | 234 | 'n |
| ling address MAY BE A POST OFFICE BOX | 2 | | | | |
| | | | | رن <u>~</u> | ; 11 |
| f amending the registered agent and/or re | egistered offi | ce address on | our records, | enter the na | |
| tered agent and/or the new registered office a | address here: | | |).).* | Š |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | | Enter Flori | da street address | | |
| | | City | , Flori | ida Zip C | ode : |
| | | • | | • | |

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

tending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad moved from our records:

t≒ Manager

3R = Authorized Member

| | <u>Name</u> | Address | Type of Action |
|-------------|------------------|--------------------|----------------|
| <u>MP</u> | James Robertson | 5954 VN 74 Terrale | |
| | | Parkland, FL 33067 | Remove |
| | | - | □ Change |
| MGR | Summer Robertson | 5954 NW 74 Terrace | bbA eq |
| | | Parkland FL 33067 | ☐ Remove |
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| ending any other information | on, enter change(s) here: (Attach additio | nal sheets, if necessar | v.) |
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| If the date inserted in this bloc ent's effective date on the Dep | be specific and cannot be prior to date of filing or more k does not meet the applicable statutory filing artment of State's records. Description of the content of the co | g requirements, this date | .) Pursuant to 605.02 will not be listed |
| 11-14-2018. | | | |
| | ignature of a member or authorized representative | of a member | ult |
| lames 1 | ZobertSon Typed or printed name of signee | Summer 1 | Roberts. |
| Remoting | Page 3 of 3 | | Addi |
| Kens | Filing Fee: \$25.00 | | Agai |