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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: US	AMERICAN CI	RANES , LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	<u>Jon</u>	Name of Person	
	<u>US AM</u>	ERICAN CRANES,	LLC
		· ····································	
	4542 5	SW 128th Court	
		Address	
	Hice	City/State and Zip Code	
		City/State and Zip Code	
-	E-mail address: (to	o be used for future annual report notific	eation)
For further information conc	erning this matter, please cal	II:	
Yomaida Sc	to	at (TBC) 282 C	0.294
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
5 \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number _ L18000189497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I. 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR= Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jose G. HERRERA	4542 SW 128th Court	
		Miani, FL 33175	□ Remove
			\ Change
MGR	Yomaida Soto	4542 SW 128th Court	
		Hiani, FL 33175	Remove
			⊠ Change
HER	PHABJAN E RANGEL	4542 Sw 128th Court	
	·	Hiami, FL 33175	□ Remove
			⊡ Change
MGR	GABRIEL J. Aceusto	4542 SW 128th Court	Add
		Miami, FL 33175	□ Remove
			⊞ Change
			🗆 Add
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e record specifies a delayed effecti		ot an effective	time, at 12:01 a.	m. on the ear	lier
The 90th day after the record is fi	iea.				
ated August 13th	. 2018				
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Page 3 of 3

Filing Fee: \$25.00