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08/21/18--01018--001 **25.00



Amend

APR 0/2 2019

I ALBRITTON

COVER LETTER

Div	ision of Cor	•	•	
SUBJECT:	STRONG A	RM SERVICES & EQUIPME		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspo	ndence concerning this matter t	to the following:	
		CRISTIAN FERNANDEZ		
			Name of Person	
		STRONG ARM SERVIC	ES & EQUIPMENT LLC	
			Firm/Company	
		19363 SW 116 AVENUE		
			Address	
		MIAMI, FLORIDA 3315	7	
			City/State and Zip Code	
		C - GASTON, P @ GHG E-mail address: (t	HU.COM o be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ill:	
CRISTIAN	FERNANDE	Z	786 370-6955	
	Name o	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
⊟ \$25.00 l	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

STRONG ARM SERVICES & EC	•	
(Name of the Lin	ited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u>)
	Liability Company were filed on	and assigned
Florida document number L18000225528	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		. 20
•		
Mailing address MAY BE A POST OFFICE	<u> </u>	12
		7 17
	d/or registered office address on our record	ds, enter the name of the 1
registered agent and/or the new registered	office address here:	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street addre	PSS
	. F	lorida
	City	Zin 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

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>	Address	Type of Action
MGP	CRISTIAN FERNANDEZ	19363 SW 116 AVENUE	
		MIAMI, FL 33157	
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

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If an effective da <u>Note:</u> If the d	e, if other than te is listed, the date ate inserted in th fective date on th	must be specific a is block does no	and cannot be p t meet the ap	prior to date plicable s	of filing or r atutory filir	nore than 90 ig requiren	(opti days after nents, thi	filing.) P	tursuant to 60 ill not be lis)5,0207 (ited as ti
	pecifies a dela day after the			not an	effective	time, at	12:0 1 a	a.m. or	the earl	ier of:
Dated MARC	H 15		2019	·						
		Tall (MA Or a member or	(()()() authorized	epresentativ	e of a memb	er			
FI	DELINA R. GAR									

Page 3 of 3

Filing Fee: \$25.00