

L18000285597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 MAY 20 PM 1:34
TALLAHASSEE FLORIDA

● BRUCE
MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

CRAIG L. STORMER
905 SOUTH BLVD EAST
ROCHESTER HILLS, MI 48307

SUBJECT: UTICA LEASE FUND II, LLC
Ref. Number: L18000285597

We have received your document for UTICA LEASE FUND II, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 519A00006900

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2019 MAY 20 PM 1:34
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE SEE THE ATTACHED.

RECEIVED
MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UTICA LEASE FUND II, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAIG L. STORMER

Name of Person

Firm/Company

905 SOUTH BLVD EAST

Address

ROCHESTER HILLS, MI 48307

City/State and Zip Code

CRAIG.STORMER@UTICALEASECO.COM

E-mail address: (to be used for future annual report notification)

2019 MAY 20 PM 1:34
RECEIVED
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

CRAIG L. STORMER

Name of Person

at (810) 338-2200

Area Code

Daytime Telephone Number

Enclosed is a check for 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
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**

UTICA LEASE FUND II, 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 Company were filed on 12/11/18 and assigned Florida document number L18000285597.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UTICA EQUIPMENT FINANCE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2010 MAY 20 PM 11:34
STATION 11.500
BATH 11.500

2010 MAY 20 PM 1:34

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 10, 2019.

Aug 2 June

Signature of a member or authorized representative of a member

CRAIG L. STORMER

Typed or printed name of signee