

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : UNION HSA LLC
 Account Number : 120150000070
 Phone : (954)770-6227
 Fax Number : (954)369-4446

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MACH 4 ALL EQUIPMENTS & PARTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 FEB 18 PM 09:25

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MACH 4 ALL EQUIPMENTS & PARTS 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 01/10/2019 and assigned Florida document number L19000012820.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
5520 LYONS ROAD # 105
COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:
5520 LYONS ROAD # 105
COCONUT CREEK, FL 33073

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STATE
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- 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:

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 positions 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.

X _____
If changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	JULIO GENTA DE OLIVEIRA		<input checked="" type="checkbox"/> Remove
MGR	CARMEM B GENTA OLIVEIRA	5520 Lyons Rd # 105 Coconut Creek, FL 33073	<input checked="" type="checkbox"/> address changed
MGR	GUILHERME P DE OLIVEIRA	5520 Lyons Rd # 105 Coconut Creek, FL 33073	<input checked="" type="checkbox"/> address changed

C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

Please correct the manager's Last name.

D. Effective date, if other than the date of filing: 2/18/19 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Date: 2/18/19

Signature of a member or authorized representative of a member

GUILHERME P DE OLIVEIRA - MANAGER

Typed or printed name of signer

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