L19000045361

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या क्षाड	US GLOB.	AL EQUIPMENT II, LLC		
SUDJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		LILY CALDERON		
			Name of Person	
		SHOMAR ACCOUNTING	G, PA	
			Firm/Company	
		7777 NW 146TH ST		
		MANALANTO N. 2201	Address	
		MIAMI LAKES, FL 3301		
		LILY@SHOMARACCOU	City/State and Zip Code NTING.COM	
		E-mail address: (to be used for future annual report notific	ration)
For furt	her information of	concerning this matter, please ca	all:	
LILY	CALDERON		305	
	Name (of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$ 25	5.00 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)
		ING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US GLOBAL EQUIPMENT 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 02/14/2019 Florida document number 1.19000045361 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 "LLC." 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 <u>__</u> City

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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROCHA, CLAYTON	2673 PALMER PLACE	 Add
		WESTON, FL 33332	□ Remove
			Change
MGR	ROCHA, LUCIANO	11801 NW 100TH RD # 4	
		MIAMI, FL 33178	☐ Remove
			☐ Change
-			
			□ Remove
			□ Change
			Remove
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ocument's effective date on the D	epartment of State's records.		
e record specifies a delayed	d effective date, but not	an effective time, at 12:0	O1 a.m. on the earlier of:
The 90th day after the rec	ord is filed.		
FEBRUARY 25	2019		
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/n	60	•,	
1 (1/21/31			

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Typed or printed name of signee

Filing Fee: \$25.00