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COVER LETTER

	Registration Se Division of Cor			
CHD IEZ		ustrial Scaffold of Florida, LLC	C	
SUBJECT:Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Andrew Kerner		
			Name of Person	
			Firm/Company	
		201 Mallard Drive		
		Stevensville, Maryland 210	Address 666	
		andrew@ecrscaffold.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For furthe	er information c	oncerning this matter, please ca	all:	
Andrew I	Kerner		443 4961532 at ()	
	Name o	f Person	at () Area Code Daytime ^	Felephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

Eastern Industrial Scaffold of Florida, 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 $\frac{05/07/2019}{1}$ and assigned Florida document number L19000123242 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3130 NW 17th Street, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3130 NW 17th Street Enter new principal offices address, if applicable: Fort Lauderdale, FL 33311 (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
AMBR	MARK KERNER	130 PLANTATION LN STEVENSVILLE, MD 21666	■ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change
		Remove	
			□ Change
			□ Remove
			☐ Change

 	
	
	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	date of filing:
the record specifies a delayed) The 90th day after the reco	effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of rd is filed.
June 27 Dated	2019
praided	
_ 	Signature of a member of authorized representative of a member
	or a manufact of authorized representative of a member
ANDREW KERNER	

Page 3 of 3

Filing Fee: \$25.00