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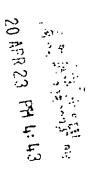
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COVER LETTER

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SUBJEC	.1:	Name of Lim	ited Liability Company			20 21
The enck	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			20 En 29 PA 1. 13
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Jake Moore				
		-	Name of Person			
		MC Equipment Services				
			Firm/Company		-,	
		5880-A Saufley Pines Rd				
			Address			
		Pensacola, Fl 32526				
		 -	City/State and Zip Coo	de		
		Jmoore@MCequipmentpo	ensacola.com to be used for future annu			
For furth	er information c	oncerning this matter, please c		an report nourie	cation)	
Jake Mo	юге			5304816		
	Name o	f Person	at () _ Arca Code	Daytime '	l'elephone Number	
Enclosed	l is a check for th	ne following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose)	
	Mailing Address Registration S Division of C	Section	Regis	Address: stration Sect		
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P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

20 APR 23 PH 4: 44

MC Equipment Services 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 April 9th, 2020	and assigned
Florida document number L20000100126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e 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 agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kaitlin E Cotton	5880-A Saufley Pines Rd	
		Pensacola, Florida 32526	■Remove
			□Change
MGR Brandon A Mckendrick	428 Ronda St	Add	
		Pensacola, Florida 32534	□Remove
			□ Change
		-	□Add
			Remove
			□Add
			
			Change
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ective date, if other than to effective date is listed, the date te: If the date inserted in this cument's effective date on the	must be specific and block does not m	cannot be prior to neet the applicab	date of filing or m le statutory filing	(option than 90 days after grequirements, this	filing.) Pursuant to 60	5.0207 ted as
cord specifies a delayed effec s filed.	tive date, but not	an effective time	e, at 12:01 a.m. c	on the earlier of: (b) The 90th day aft	er the
April 15th		2020				
			· •			
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		nember or authoriz				

Filing Fee: \$25.00