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COVER LETTER

Division of Co	rpo rations		
OTTO TO OM	ment Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jake Moore		
		Name of Person	
	Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. I all correspondence concerning this matter to the following: Jake Moore		
		Firm/Company	
	428 Ronda St		
		Address	·
	Pensacola, Fl 32526		
		City/State and Zip Code	
	•	to be used for fitture annual report notified	otion)
For further information		·	
Jake Moore			
Name	of Person		elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addre Registration		Street Address: Registration Section	on
Division of (Division of Corno	

P.O. Box 6327

Tallahassee, FL 32314

TO:

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 OF

MC Equipment Services LLC		
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	y were filed on 04/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		SE CRET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N-3 PM
) TATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		`lorida
	Ciţ	Zıp 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>	Address	Type of Action
MGR	Jake B Moore	5920 Hurst Hammock Rd	≡ Add
		Pensacola, FL 32526	□Remove
			□Change
			□Remove
			SECRE Golden
			N-3-Remove □Remove
			OF STATE CHange
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ffective date, if other than the d	ate of filing:		(optional)	
ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	be specific and cannot be prior to be does not meet the applica	o date of filing or more than 9 ble statutory filing require	0 days after filing.) Pursuan	t to 605.0207 (be listed as t
record specifies a delayed effective d is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th de	ay after the
May 20th	2020			
		_		
	1/1/2			

Filing Fee: \$25.00