## 120000 100 126

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	<u>L</u>
(Business Entity Name)	
(Document Number)	<del></del>
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## **COVER LETTER**

SUBJECT: MC EQUIPMEN	Services	LLC lity Company	
	anic or Emitted Claus	my Company	
The enclosed Articles of Amendment and fee	(s) are submitted fo	or filing.	
Please return all correspondence concerning	his matter to the fo	llowing:	
- Sak	e Moore	nme of Person	<u></u>
Mc	EQU:PNEX	H Services L	16
		St Harrack Address	
Ren	Sacola, Pa	325 <b>2</b> 6	
<u>JMOOR</u> E-ma	e @ MCE	ate and Zip Code  Quif Ment Par Sac  I for future annual report notifi	cation)
For further information concerning this matter	r, please call:		
Take More Name of Person	a	t (850) 530- Area Code Daytime	48/6 Telephone Number
Enclosed is a check for the following amount			μo
▼ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate o	f Status C	5.00 Filing Fee & ertified Copy dditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section

Registration Section Division of Corporations

TO:

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

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 Eduipment Services	220
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ000100126</u> .	were filed on $\frac{4/9/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8182 Boulah 1d Pensacola, FL 32526
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5920 Hurst Hammack-Vd Personola, Florida 32524
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name 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, 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	Brandon Mc Kendrick	428 Rorda St	□Add
		128 Ronda St Pensasah, Florda 725	DRemove
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effective date is listed, the date must be: If the date inserted in this bloc	be specific and cannot be ik does not meet the a	prior to date of filing o	r more than 90 days after thing requirements, this	filing.) Purs date will	suant to 605,020 not be listed 2
ument's effective date on the Dep					
ord specifies a delayed effective of filed.	date, but not an effect	ive time, at 12:01 a.r	n. on the earlier of: (b)	The 90t	h day after the
ed December 1St, 8	- 20	20			
	2/2/2				
Si	ignature of a member or	authorized representat	ive of a member		