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COVER LETTER

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	egistration Se ivision of Cor			
CHR IFOT	LORENA S	SOLUTION COMPANY, LLC		
SUBJECT: Name of Lim			ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		CRISTIAN J VARELA ZA	AMBRANO	
		-	Name of Person	
			Firm/Company	
		341 NW 109 Ave Unit 2C		
			Address	
		Miami, FL 33172		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ation)
For further	information co	oncerning this matter, please ca	all:	
CRISTIAN	U VARELA 2	ZAMBRANO	305 906-0899 at ()	
	Name of	f Person	Area Code Daytime T	clephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Secti	on.
Registration Section Division of Corporations			Registration Section Division of Corporations	
	O. Box 632	•	The Centre of Tal	
T	allahassee, F	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORENA SOLUTION COMPANY, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000473879</u> .	y were filed on 11/02/2021	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:	
DYNAMOX ELEVATION CRANE SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2073
(Principal office address MUST BE A STREET ADDRESS)		
		70
		ςς ω γς ω Π Ι
Enter new mailing address, if applicable:		SIGN 3
(Mailing address MAY BE A POST OFFICE BOX)	_ 	707 9
Muning unaress MAT BEATOST OFFICE DOAY	 	
	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Remove
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			□Remove
			□Change
			□Remove
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