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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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T. MATTHEWS FEB 2 3 2022



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FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations TALLAHASSEE, FL

January 28, 2022

THOMAS M STEWART 1407 POE RD LAKE WALES, FL 33898

SUBJECT: DOUBLE S EQUIPMENT SERVICES LLC

Ref. Number: L22000018170

We have received your document for DOUBLE S EQUIPMENT SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 422A00002256

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Double S Equipment Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas M Stewart
Pouble S Equipment Services LLC Firm/Company
1407 Poe Rd
19Ke Wales FL 33898 City/State and Zip Code
Matt. Stewart 12 o yahov. (om F-mail address: (to be used for future annual feport notification)
For further information concerning this matter, please call:
Thomas Stevart at (863) 207 - 7995 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section 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 22 FEE 15 FM 2: 29

Double S Equipment	Services LLC
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 1-10-2032 and assigned
Florida document number <u>L 220000 [8170</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce 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 Zin 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Thomas Stewart	25 Bass St Hains City For	.' _)X ∧dd
			_ □Remove
			_ □Change
MGR	Angela McIntash	1407 Poe Rd Lake Wales, F 33898	- ₹Add
			_ □Remove
			_ □Change
			_ □Add
			_ Remove
			_ DChange
			_ □Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending a	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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add	myself as the owner of Pouble S	
Faci	ment Services For authorized person	
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f an effective dat <u>Note:</u> If the da	other than the date of filing:)207 (l as t
recora specin d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after t	ine
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DatedC	0-2022	
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	Signature of a member or authorized representative of a member	
	Thomas M Stewart	
	Typed or printed name of signee	

Filing Fee: \$25.00