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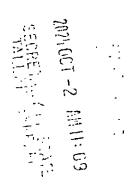
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COVER LETTER

	egistration Se vision of Cor						
CUDICCT	West Floric	la Equipment Services LLC					
Name of Limited Liability Company							
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for	r filing.			
Please retur	n all correspo	ondence concerning this matter	to the foll	lowing:			
		Ann C. Brooks					
Name of Person							
Ann C. Brooks, CPA, PA							
Firm/Company							
9302 N Century Blvd.							
Address							
Century, FL 32535							
		annbcpa@att.net	City/Sta	ite and Zip (Code		
		E-mail address: (to be used	for future as	nnual report noti	fication)	
For further	information c	oncerning this matter, please c	all:				201
Ann C. Bro	oks		at	850	256-2999		75 E
	Name o	f Person		Area Code	Daytim	e Telephone Number	2024 OCT -2 FAIL
Enclosed is	a check for th	ne following amount:					
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Ce	i.00 Filing rtified Cop ditional copy	ņy	Certified	e of Status &
Ro	ailing Addres egistration S ivision of C			Reg	et Address: gistration Secrision of Cor		
P.O. Box 6327			The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Florida 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 March 4, 2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2720 Hwy 4A Enter new principal offices address, if applicable: Century, FL 32535 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Daniel F. Brooks, Jr. Name of New Registered Agent: 2720 Hwy 4A New Registered Office Address: Enter Florida street address Century Florida 32535

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.

Cin

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
AMBR	Scobie L. Wilcoxon, Jr.	7951 Killam Road	□Add
		Century, FL 32535	■Remove
			□Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated September 30 2024

Typed or printed name of signee

Signature of a member or authorized representative of a member

Daniel F. Brooks, Jr.