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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/19/22

NAME: EQUIP STORE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations
CHDIE	EQUIP STORE LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	GONZALO BAEZA
	Name of Person Docusigned by:
	Finite 明確 100 CONROY WINDERMERE DR
	Address WINDERMERE, FL 34786
	City/State and Zip Code GBAEZA@INVERSIONESGLOBAL.CL
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
GONZA	LO BAEZA Same of Person Name of Person Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: FEB0D541-2EC5-4435-94C2-A31E0D55E5F9

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 19 AH 8: 57

EQUIP STORE LLC

LLC
(Name of the Limited Liability Company as it now appears on our records.) (ALL AHASSEE, FL. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	ility Company were filed on 05/16/2022	and assigned
Florida document number 1.22000228802		
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		·
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
-	A 15.	, Florida Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: FEB0D541-2EC5-4435-94C2-A31E0D55E5F9
II amending Authorized rerson(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>	<u>Address</u>	Type of Action
AP	BAEZA, GONZALO	9100 CONROY WINDERMERE RD, 200	B Add
		WINDERMERE, FL 34786	
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			Change
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific a ck does not	nd cannot be p meet the app	rior to date of t dicable statu	iling or more t		filing.) Pursua	
he record specifies a delayed The 90th day after the reco			not an effe	ective time	, at 12:01 a	a.m. on the	e earlier
OCTOBER 18		2022					
		·	ocuSigned by:				