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COVER LETTER

TO: Registration Sec Division of Corp		÷.	
		T SHARE 2023, LLC	
SUBJECT:	Name of Limit	led Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	STACY SMALL		
		Name of Person	
	SMITH THOMPSON SHA	A.W	
		Firm/Company	
	3520 THOMASVILLE RC	AD - 4TH FLOOR	
		Address	
	TALLAHASSEE, FL 3230	99	
		City/State and Zip Code	
	doug@dougbehrman.com	to be used for future annual report noti	
For further information co	oncerning this matter, please ca	all:	
		at () Area Code Daytin	_
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

•	SHARE 2023, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	12/14/2022	and assigned
Florida document number L22000524280			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
EQUIPMENT RENTAL DI	·		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2013
(Principal office address MUST BE A STREET ADDRESS)			
E. A. W. Market Works			7
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	Enter Floria	a street adaress	
		, Florida	
	City		Zip Code
New Degistered Agent's Signature if changing Registered Agen			

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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
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			Change
			□Add
			□Remove

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an eff ote:	ive date, if other than the date of filing:
recor	d 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 led.
ated	NOVEMBER 20 2023 7
	Signature of a sember or authorized representative of a member
	DOUG BEURMAN MANACER
	DOUG BEHRMAN, MANAGER

Filing Fee: \$25.00