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COVER LETTER

TO: Registration Section **Division of Corporations** SOUTHERN AERIAL EQUIPMENT, LLC SUBJECT: 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: Lucas Pappas Name of Person Pappas Civil Contractors LLC Firm/Company 2997 PALM HARBOR BLVD, SUITE B Address PALM HARBOR, FL 34683 City/State and Zip Code lpappas@pappascivil.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lucas pappas 940-5395 Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN AERIAL EQUIPMENT, LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/10/2024}{1}$	and assigned
Florida document number L24000264325	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
Mission Equipment LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" 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:	<u>: ()</u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address: Enter Florida street address	ee
Emer Puntau Mreet auures	5,3
, FI	orida 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
		Remove	
			□Change
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fective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable s	statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
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Typed or printed name of signee