Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### 

2024 NOV 25 LM 9: 38

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

### From: Rajiv Srivastava

## **COVER LETTER**

Division of	*Corporations			
1107	AACHINERY SERVICE LLC			
SUBJECT:	MACHINERY SERVICE LLC  Name of Limit	ted Liability Company	<del></del>	
			Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)  R ADDRESS:	
The construct Salada	and American and Emiles are sales	sain and the Oliver		
	es of Amendment and fee(s) are sub-			
Please return all con	respondence concerning this matter t	to the following:		
	Mike Town			
		Name of Person	******	
	Legalzoom.com, Inc.			
		Firm'Company		
	9000 Spectrum Dr	тин стопрацу		
		<del></del>		
		Address		
	Austin, TX 78717			
		City/State and Zip Code		
	ijdmachinery2024@gmail.c	orn o be used for future annual report neuff	icauou)	
Par forther informati	on concerning this matter, please ca		reactory	
	ion concerning this mader, prease ca	111		
Mike Town		800 773-0888 at () Area Code Daytime		
Na	ime of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	e S30 00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Re Di	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURIE Registration Section Division of Corpora	1	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

To: , Page: 09 of 51 2024-11-25 11:06:21 PST 13236068205 From: Rejiv Srivastava

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJ.D MACHINERY SERVICE LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number. 1.24000437825	n 10/14/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company."  Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Trucipal office data ess sector DEA STREET ADDITION	
<del></del>	@
Enter new mailing address, if applicable:	2021 NOV 25
Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:</li> </ol>	s on our records, enter the name of the
egisteren agent androt the new registeren ornee andress nere.	
Numer of Name Descriptored Agents	.:::::: 3 .:::::::::::::::::::::::::::::
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
eme	A ROBBI SE COMUESS
Circ	, Florida 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

To:

Title	Name	Address	Type of Action
AMBR	Jossch Delgado	11329 Broadview Rd., Setfiner, FL 33584	<b>□</b> Add
			_ □ Remove
		••••	☐ Change
			D Add
			☐ Remove
			□ Change
			☐ Remove
			Change
			🗆 Add
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Effective date, if other than fan effective date is listed, the da Note: If the date inserted in the date inserted in the date of the date	ne must be specific and car his block does not meet	nnot be poor to t the applicab	date of filing or mo	re than 90 days afte	r filing ) Pursuant to 6	05,0207 sted as
e record specifies a del The 90th day after the		e, but not a	an effective ti	me, at 12:01	a.m. on the ear	lier of
11/25 Dated		2024				
/S/ Josseh De	elgado					
			ed representative o	nt a member		

Page 3 of 3

Filing Fee: \$25.00