

M20000004994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

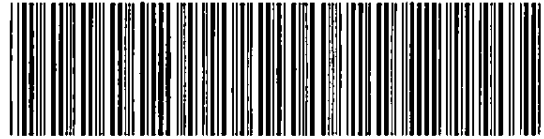
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUL 25 2024

Office Use Only



000431205670

06/26/24--01002--013 **25.00

RECEIVED

2024 JUN 26 AM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 26 AM 12:30



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2024

CORPORATE ACCESS, INC.

SUBJECT: U.S. CRANE & RIGGING L.L.C.
Ref. Number: M20000004994

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 924A00014099

RECEIVED
2024 JUL 24 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 6/26

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC AMEND _____

1. U.S. CRANE & RIGGING L.L.C. _____

(CORPORATE NAME AND DOCUMENT #)

2. _____

(CORPORATE NAME AND DOCUMENT #)

3. _____

(CORPORATE NAME AND DOCUMENT #)

4. _____

(CORPORATE NAME AND DOCUMENT #)

5. _____

(CORPORATE NAME AND DOCUMENT #)

6. _____

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: U.S. CRANE & RIGGING L.L.C.

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

155-157 Pilot Street

Bronx, New York 10464

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

155-157 Pilot Street

Bronx, New York 10464

2. The Florida document number of this limited liability company is: M20000004994

3. Jurisdiction of its organization: NY

4. Date authorized to do business in Florida: 05/26/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporate Creations Network Inc.

New Registered Office Address: 80 US Highway 1

Enter Florida Street Address

North Palm Beach

City

33408

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
address of Thomas Auringer changed- he is a member and manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THOMAS AURINGER	155-157 Pilot Street	<input checked="" type="checkbox"/> Add
		Bronx, New York 10464	<input type="checkbox"/> Remove
MGR	THOMAS AURINGER	155-157 Pilot Street	<input checked="" type="checkbox"/> Add
		Bronx, New York 10464	<input type="checkbox"/> Remove
AMBR	THOMAS AURINGER	1520 DECATUR ST	<input type="checkbox"/> Add
		RIDGEWOOD, NY 11385	<input checked="" type="checkbox"/> Remove
MGR	THOMAS AURINGER	1520 DECATUR ST	<input type="checkbox"/> Add
		RIDGEWOOD, NY 11385	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Thomas Auringer
Signature of the authorized representative

THOMAS AURINGER

Typed or printed name of signee

Filing Fee: \$25.00