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SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas APR - 9 2008

COVER LETTER

TO: Registration Division of C				
SUBJECT: Sor	rensen Moving & Storage, L	LC		
	(Name of Lin	nited Liability Company)		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
	David W. Howard, E			
		(Name of Person)		
	Levy and Craig, P.0	D		
	······································	(Firm/Company)	00	
	1301 Oak Street, S	OB APR -7 AH 7:49 DECRETARY OF STATE THE ARCHITECTURE FLORIC		
		(Address)		
	Kansas City, MO 6	Kansas City, MO 64106		
		(City/State and Zip Code)	ORIGINAL POPULATION OF THE POP	
For further information	n concerning this matter, please	call:	·	
David W. Howar	rd	at (816) 474-8181		
(Name of Person)		at (816) 474-8181 (Area Code & Daytime	Telephone Number)	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sorensen Moving & Storag (Name of the Limited Liz (A Flo	ge, LLC ibility Company as it now apported Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi Florida document numberL06000004138	lity Company were filed on _	January 12, 2006	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company l	<u>1ere</u> :	
Coleman American Moving Services of Or	lando, LLC		=100
The new name must be distinguishable and end with th "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address or		AESSE
Name of New Registered Agent:			
New Registered Office Address:		(Enter Florida street ad	ldress)
	, , , , , , , , , , , , , , , , , , ,		
-	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Remove
	·		Add Remove
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			—— 克克·
			7: 15
 			Add Remove
			Add Remove
D 14			
D. If ame	iding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	Y.)
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_			
_		2008	·········
Dated	April 1		
	Signature of a mem	iber or authorized representative of a member	
		W. Howard	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00