L/60000427/2

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J. LEGGETT MAR 2 3 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

TOMER AFIK 5008 W LINEBAUGH AVE #41 TAMPA, FL 33624 US

SUBJECT: SQUARE 1 VAN LINES LLC

Ref. Number: L16000042712

We have received your document for SQUARE 1 VAN LINES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00005024



RECEIVED
2018 MAR 23 PM 12: 22
DEPARTMENT OF STATE
TALLAHASSEE, FLORIGHT



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2018

TOMER AFIK 5008 W LINEBAUGH AVE #41 TAMPA, FL 33624 US

SUBJECT: SQUARE 1 VAN LINES LLC

Ref. Number: L16000042712

We have received your document for SQUARE 1 VAN LINES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00003822

MECEIVED
MINAR -9 AN IO: 20
MYISSON OF CORPORATION:
TALLAHASSEE, FLORID:

COVER LETTER

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)			
SUBJECT: SQ	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	<u> </u>	Name of Person	
	Souare	Firm/Company 1: nebnugh Address	ILC
	5008 y	2. linebrugh Address	nve#41
		FC 33624 City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notifica	ation)
For further information con-	cerning this matter, please ca	ill:	
Name of Po	A File	at (<u>& B</u>)	OG 97 CXT 111 Telephone Number
Enclosed is a check for the	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:

Astronomic Contract

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

SO WARE UW (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3 12016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Florida moving The new name must be distinguishable and contain the words "Limited Liab	Brand LLC	
The new name must be distinguishable and contain the words "Limited Etab		
Enter new principal offices address, if applicable:	5008 West 1	inebaugh Aug
(Principal office address MUST BE A STREET ADDRESS)	ste ul	
	5008 west 1 Stc 41 Tampe, F	L 33637
Enter new mailing address, if applicable:	same as	25000
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the new
		75
New Registered Office Address:		
	Enter Florida street address , Florida	(2) (2)
	City	Zip Code !
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent and agi	ee to act in this capacity. I further a	gree to comply with the

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:

Title	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
			
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
		- Addition the state of the sta	_ Add
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			☐ Change
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Page 3 of 3

Filing Fee: \$25.00