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SECRETARY OF STATE
TALLAHASSEE. FLORID

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COVER LETTER

TO: Registration Section Division of Corporation			<i>*</i>
SUBJECT:	ATRICT MOV	ING GROUP L	iC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	STEPH	Name of Person	>
	PATR	Firm/Company	GROUP_
	5455 N	D. FEDERAL HWY Address	27E P
	BOCA RATOR	N FL 33487 City/State and Zip Code	<u> </u>
-	STEUF (A)P E-mail address: (1	ATRIOTMOVINGEROUP. (to be used for future annual report i	notification)
For further information conc	erning this matter, please ca	all:	
STEPH (Name of Pe	DARBUTO TO	at (_5(e\)_ Area Code Day	13-5871 time Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee I	\$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:

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

PATRIOT MOVING	CROUP LLC	
(Name of the Limited Liability)	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		I S
(Principal office address MUST BE A STREET ADDRE	SS)	A R
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G-2 AM IO: 37 IANY OF STATE ANSSEE, FUORIDA,
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	City	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
MGR	BRINKS HOLDIUGS CROUP	106 J.A FLORESTA DR	🗆 Add
		BOCA RATION FL 33487	Remove
			□ Change
MGR	J HALE HOLDINGS LIC	West Palm Brock, FL, 33401	- 305 □ Add
		West Palm Brock, FL, 33401	Remove
		FALL	Change Adli Reffice Change
		A William Section	Adn
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			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

amending a	ny other i	informatio	n, enter chan	ge(s) hero	e: (Attach	addition	al shee	ts, if ne	cessar	v.) 	
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Page 3 of 3

Filing Fee: \$25.00