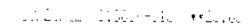
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(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D.) (C.) (A.)	_
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Andersen Moving LLC Name of Limited Liability Company	¥
The enclosed Articles of Amendment and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ryan Andersen	
Andersen Moving LLC Firm/Company	
1684 SE Lafayette St Address	
Stuart, Fl 3497 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ryan Ander Jen at (772) 777-6364 Name of Person at (772) Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andersen	Moving	1 4 6 20 05 05 04 0. 20	
(Name of the Limited Li: (A Fl	ability Company as it now a orida Limited Liability Comp	appears on Got records 5 AM 8: 29 pany)	
The Articles of Organization for this Limited Liability Florida document number <u>L 800017573</u>	ty Company were filed o	on 07 /2B//2018 Fund as	signed
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compar	iny here:	
Andersen Moving a The new name must be distinguishable and contain the words	and Storage	e L.L.C.	
The new name must be distinguishable and contain the words	*Limited Liability Company,"	"the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	:		
(Principal office address MUST BE A STREET AL	ODRESS)		<u>. </u>
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX	2		
			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, <u>enter the name of the ne</u>	<u>w registered</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	ter Florida street address	
_		, FloridaZip Code	
New Registered Agent's Signature if changing Regis	City	Zip Code	
ises redicieren adeni Caidhainre, ii chandino Redic	ieren Aveni:		

New Registered Agent's Signature, it 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
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			□ □Remove
			□Change

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an effec lote: - If	e date, if other than the date of filing: 08-21-72 (optional) live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.
is med	
	08-21.2022.
	Signature of a member or authorized representative of a member