(Requestor's Name) (Address) 400055564404 (Address) (City/State/Zip/Phone #) 06/06/05--01035--010 **25.00-PICK-UP WAIT MAIL (Business Entity Name) (Document Number) M. HODGES Certified Copies _____ Certificates of Status Special Instructions to Filing Officer:

Office Use Only

TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT:	FOUR POW (Name of Lin	TS VAN LINES mited Liability Company)	LLC	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		-
	<u> </u>	YAL BUSKILA Tame of Person)		
	FOUR POIN	TS VAN LINES	LLC	
2072	25 NE 16 AVE #	A30 MIAMI FL (Address)	33/79	
_	MIAM.	FL 33179 State and Zip Code)	<u> </u>	
For further information	concerning this matter, please concerning the concerning this matter, please concerning the concerning this matter than the concerning the c	all: 305 77 at (305) 74 (Area Code & Daytim	70-1135 27-0830 Cell e Telephone Number)	
Enclosed is a check for the	e following amount:	-		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Social Section States & Certificate of States & Certified Copy (additional copy is enclosed)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 14, 2005

RACHIL BRACHA 3400 NW 192ND ST. AVENTURA, FL 33180

SUBJECT: FOUR POINTS VAN LINES, LLC

Ref. Number: L04000001920

We have received your document for FOUR POINTS 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):

You must complete the attached amendment form to make changes on this Limited Liability Company. The form submitted is for corrections on a Corporation.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 705A00041226



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 27, 2005

RACHIL BRACHA 3400 NW 192ND ST. AVENTURA, FL 33180

SUBJECT: FOUR POINTS VAN LINES, LLC

Ref. Number: L04000001920

We have received your document for FOUR POINTS 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 first line of the application asks for the name of the company. Please correct this line to read FOUR POINTS VAN LINES LLC. Also, under thesection SECOND: The following amendments:...you must specifically state what changes you want to make.

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) 245-6967.

Letter Number: 205A00043454

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FOUR

FIRST: The Articles of Organization were filed on JAN 2004 and assigned document number 1040000 1920.	
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limit	ted
liability company:	NY
please Dele ic items	<i></i>
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limit liability company: Please Dele te RACHIL BRACHA, Or Keep EYAI BUSKILA AS MGR.	,
11.11 ADDOCE OIL TOUTHON	Too
20725 NE 16th Ave suite# A30 miAmi	53179
AS mailing AND F	gricipal
Dated 6-21-05 ,	\$S1_
Dated Carlotte ,	л В
(Ch	
Signature of a member or authorized representative of a member	******
ETAL	
Typed or printed name of signee	_

Filing Fee: \$25.00