106000004138

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COVER LETTER

Div	ision of Cor	porations					
SUBJECT:		COLEMAN AMERICAN OF FLORIDA. LLC					
JOBSEC 1.	-	Name of Limited Liability Company					
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Bernard Craig					
			Name of Person				
		Craig Associates, P.C.					
Firm/Company							
		111 W. 75th Street					
			Address				
		Kansas City, Missouri 641	14				
			City/State and Zip Code				
		carla.rodgers@covan.com					
		E-mail address: ()	to be used for future annual report notifi	ication)			
For further in	nformation co	oncerning this matter, please co	all:				
Carla Rodge	rs		334 313-6158 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling 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)			

TO:

Registration Section

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

COLEMAN AMERICAN OF FLORIDA, LLO	
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on January 12, 2006 and assigned
Florida document number L06000004138	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
COLEMAN WORLDWIDE MOVING OF FLORIDA, LLC	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	, = 0
-	. 2
	<u> </u>
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
= · · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	. 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Add
			Remove
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ffective date, if other than the an effective date is listed, the date is	nust be specific and cannot	ot be prior to date of fili	ng or more than 90 days af	tional) ler filing.) Pursuant to 6	505.020
lote: If the date inserted in this ocument's effective date on the	block does not meet t	he applicable statutor	y filing requirements, t	his date will not be l	isted as
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Typed or printed name of signee

Filing Fee: \$25.00