

L07000040771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

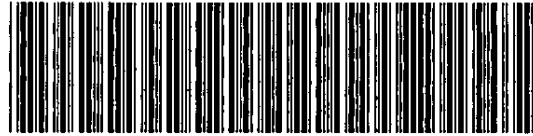
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Barbara **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *add doing a name change*
DATE 6/26/07
DOC. EXAM. _____

Office Use Only



100104512591

06/25/07--01021--002 **55.00

FILED
07 JUN 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLETE MOVING SOLUTIONS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA WOLFSDORF
(Name of Person)

LIFESTYLE MOVING
(Firm/Company)

ONE GROVE ISLE DR. #804
(Address)

MIAMI, FLORIDA 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA WOLFSDORF at (305) 857-0092
(Name of Person) (Area Code & Daytime 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:
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

FILED

07 JUN 25 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Complete Moving SOLUTIONS LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 16, 2007 and assigned document number L07000040771.

SECOND: This amendment is submitted to amend the following:

Lifestyle moving LLC
name change to:

Dated JUNE 21, 2007.

Barbara Wolfsdorf

Signature of a member or authorized representative of a member

BARBARA WOLFSDORF

Typed or printed name of signee

Filing Fee: \$25.00