## 109000030149

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
. (Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
ALLAHASSEE FIGURE

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D. BRUCE

JUN 2 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: ( Registration Section Division of Corporations	
	ly and Storage, LLC led Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing
	•
Please return all correspondence concerning this matter	to the following:
<u>Melissa</u>	Hame of Person
Tradit	ion Woving and Storage, LLC
_ 1701-A	NW 1 <sup>22</sup> Ave.
Boxa P	City/State and Zip Code
MGOCK	man C. Gmail. com
·	s be used for infinite manual report nontreamon)
For further information concerning this matter, please ca	ASSE
Melissa Gockman	
Name of Person	at (50) Z Z - 5  Area Code & Daytime Telephone Number  REAL STATE  A 46
Enclosed is a check for the following amount:	<b>&gt;</b>
\$25.00 Filing Fee Scentificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 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
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June 11, 2009

MELISSA GOCKMAN 1701-A NW 1ST AVE BOCA RATON, FL 33432

SUBJECT: HERITAGE MOVING AND STORAGE LLC

Ref. Number: L09000030149

We have received your document for HERITAGE MOVING AND STORAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 209A00019751



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heritage Moving & (Name of the Limited Liability Compa (A Florida Limited L	Storage, UC ny as it now appears on our records, lability Company)
The Articles of Organization for this Limited Liability Company Florida document number NEW Re-	were filed on <u>Warch 27, 2009</u> and assigned Ference#: 200147621552
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Tradition Moving \$ 5 The new name must be distinguishable and end with the words "Limi "L.L.C."	STOYAGE, LLC ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1701-A NW 1st Ave
(Principal office address MUST BE A STREET ADDRESS)	Boca Koton, Fc. 33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1701-A NW 1 <sup>st</sup> Ave Boca Raton, FL, 33432
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	<b>};</b> ∀***!
Name of New Registered Agent:	09 LL SE G
New Registered Office Address:	THE TOTAL PROPERTY OF THE PROP
	Enter Florida street address SA
	City Florida Zig Code &
New Registered Agent's Signature, if changing Registered Agent:	RAT :4

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			
			□ n
<del></del>			Add Remove
·····			Remove
). If amen	ding any other information, ente	r change(s) here: (Attach additional she	
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Dated	( ).		O <sub>A</sub>

Page 2 of 2

Filing Fee: \$25.00