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PICK-UP	☐ WAIT	MAIL.		
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Certified Copies	Certificates	of Status		

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COVER LETTER

TO: Registration S Division of Co						
SUBJĖCT:	Your	Move LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Steven E. Wallace					
		Name of Person				
	The \	The Wallace Law Group, P.L.				
		Firm/Company				
	13	1375 Gateway Boulevard				
		Address				
	Boyn	Boynton Beach, Florida 33426				
		City/State and Zip Code				
	E-mail address: (ayale@bellsouth.net to be used for future annual report not	ification)			
For further information	concerning this matter, please of	call:				
Stever	n E. Wallace, Esq.	at (561)	767-4413			
Name	of Person	Area Code & Dayti	me 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 enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	LING ADDRESS:	STREET/COLI	RIER ADDRESS:			

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

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Your Mo	ve LLC			
, (Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited Lie		3/27/2009	and assigned		
Florida document number L09000030	197				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		9095 Grayso	n Court		
(Principal office address MUST BE A STREET ADDRESS)		Boynton Beach, Florida 33472			
Enter new mailing address, if applicable:		9095 Grayso	•		
(Mailing address MAY BE A POST OFFICE BOX)		Boynton Beach, Florida 33472			
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	9095 Grays	e: on Court En ynton Beach	our records, enter to	10 OCT 19 A I I I I I I I I I I I I I I I I I I	
		City	يسد	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 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>	1anaging Member <u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	y.)
_			
Dated	/ ·	Cefale	
	Signature of a memb	per or authorized representative of a member Arthur Yale	
	Турс	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00