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10 APR 22 PM 3: 30
SECRETARY OF STATE
ANASSEE FLASIO

D. BRUCE
APR 2 3 2010
EXAMINER

COVER LETTER

	tion Section of Corporations				
SUBJECT:	Move	OUT	LLC		
SUBJECT:	1,000		ted Liability Company	- 1.	
The enclosed Artic	cles of Amendment a	nd fee(s) are sub	mitted for filing.		
Please return all co	orrespondence concer	ning this matter	to the following:		
		HEI	DI BEHRENDT Name of Person		
		MOOVE	OUT LLC Firm/Company		
		3101	N. NEBRASKA A	Æ	
			MPA FL 33603 City/State and Zip Code	,	ALLAND TO
					R 22
		Moove F-mail address: (t	OUT @ GMAIL . Co	otion)	SEE P
For further inform	nation concerning this	-	·	,	10 APR 22 PM 3: 30 SECRETARY OF STATE ALLAHASSEE, FLORII
H E i	DI BEHIZE Name of Person	NOT	at (B13) 226 - Area Code & Daytime		
	ck for the following a	mount:			
∑ \$25,00 Filing	Fee \$30,00 F Certifie	iling Fee & cate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOOVE OUT	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 12 - 0 7	+ - 2009 and assigned
Florida document number L09000 II 59 55		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	
L.L.C.	:	
Enter new principal offices address, if applicable:		7.73 20
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	AS 22
		<u> </u>
Enter new mailing address, if applicable:		经 3
(Mailing address MAY BE A POST OFFICE BOX)		P
		
B. If amending the registered agent and/or registered		ords, enter the name of the new
registered agent and/or the new registered office address	nere:	
N. CN. D. Salard Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	ida 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 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 Actio
MGRM	LINDSAY BREWER	3101 N. NEBRASKA A.E. TAMPA, FL 33603	Add Remove
MGRM	CARL DYER	3101 N. NEBRASKA AVE. TAMPA, FL 33603	<mark>X</mark> Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	10 APR 22 SEORGIARY
			22 PH 3: 30 ARY OF STATE SSEF. FLORID
Dated	pril 18 , 20	010	——————————————————————————————————————
	·	er or authorized representative of a moniber HEIDI BEHRENDT d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00