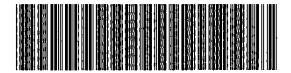
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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| (City/State/Zip/r-none #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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EXAMINER
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COVER LETTER

| TO: Régistration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: The Good Movers 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: | | | | | |
| Till Moreno Name of Person | | | | | |
| The Good Movers LLC | | | | | |
| The Good Movers LLC Firm/Company 5474 Williams Rd. Suite 2D Address | | | | | |
| Tampa, FL 33610 City/State and Zip Code JMoreno@fdoweb.com E-mail address: (to be used for future annual report notification) | | | | | |
| or further information concerning this matter, please call: | | | | | |
| Till Moreno at (813) 390-8839 Name of Person Area Code & Daytime Telephone Number | | | | | |
| nclosed is a check for the following amount: | | | | | |
| \$25.00 Filing Fee \$\ S55.00 Filing Fee & | ł | | | | |

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 10 DEC 14 PM 12: 18

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Manager MGRM = Managing Member | | | | |
|--|--|--|-------------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
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| D. If amend | ling any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | - | |
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| Dated $\overline{\mathcal{L}}$ | Tecember 10, 20 | 0/0. | | |
| | Jil Moreno Typed | or authorized representative of a member | | |
| | Typed o | or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00