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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| MAIL WAIT                               |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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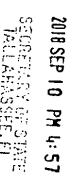
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT:                               | Verizon Van                                     | Lines, LLC.   |   |
| The englosed Articles of               | Amendment and fee(s) are sub-                   | nitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | Laurence  | Balsamo<br>Name of Person   |   |
|  | <u>Yerizon</u>                                  | Van Lines, LLC<br>Firm/Company  | <u>·</u>  |
|  |   | a Fontana Blud<br>Address   |   |
|  | BOCA R  | aton Florida 3 City/State and Zip Code  | 3434  |
|  | Custome<br>E-mail address: (1                   | aton Florida 3 City/State and Zip Code  Care O Onton Van Loo be used for future annual report notific | ines · com<br>cation)   |
| For further information c              | oncerning this matter, please ca                | dl:   |   |
| Laurence Name o                        | Balsamo<br>Person                               | at ( <u>561</u> ) <u>213 ~(</u><br>Area Code Daytime  | G209<br>Telephone Number  |
| Enclosed is a check for the            | ne following amount:                            |   |   |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                             | Certificate of Status &<br>Certificate of Status &<br>Certified Copy<br>(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

2018 SEP 10 PM 4: 58

SELECTION OF Over

Zip Code

| Verizon van Lines, L  | TALLAHASSEE, FL   |
|---|---|
| Verizon Van Lines, L<br>(Name of the Limited Liability Company<br>(A Florida Limited Lia                                      | y as it now appears on our records.)<br>ability Company)          |
| The Articles of Organization for this Limited Liability Company w   | vere filed on Jan, 07, 2010 and assigned                          |
| Florida document number <u>L16000002710</u> .   |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, <u>enter the new name of the limited liabil</u>  | ity company here:   |
| The new name must be distinguishable and contain the words "Limited Liability   | y Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |
| Principal office address MUST BE A STREET ADDRESS)  |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
| B. If amending the registered agent and/or registered offi<br>registered agent and/or the new registered office address here: |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | Enter Chail Later of Allen  |
|   | Enter Florida street address                                      |
|   | Florida   |

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 605, 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.

Ciiv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager<br>uthorized Member |                          |                |
|--------------------|----------------------------|--------------------------|----------------|
| <u>Title</u>       | <u>Name</u>                | Address                  | Type of Action |
| MGR                | Marcie Balsamo             | 6441 Hillandaire OR East | D Add          |
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| ctive date.  | if other the   | an the date                  | of filing: _<br>with and can | 1101         | 2018<br>v date of filing |                | (optiona      | l)<br>ng.) Pursuant to 6 | 505 02      |
| e: If the da | e inserted in  | this block do<br>the Departm | es not meet                  | the applical | ble statutory l          | iling requiren | ents, this da | te will not be l         | isted a     |
| ament 8 em   | ettive date or | i ilic 19epartii             | en or state                  | . s records. |                          |                |               |                          |             |
| ecord spe    | ecifies a de   | elayed effe                  | ctive date                   | e, but not   | an effectiv              | e time, at     | 12:01 a.m     | . on the ear             | rlier       |
| he 90th d    | ay after th    | e record is                  | filed.                       |              |                          |                |               |                          |             |
|              |                | 1                            |                              |              |                          |                |               |                          |             |
| ed           |                | //                           | •                            | 1 1          | <del>.</del> .           |                |               |                          |             |
| _            |                | Lo -                         |                              | (< 1)        |                          |                |               |                          |             |

Page 3 of 3

Filing Fee: \$25.00