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J. SAULSBERRY EXAMINER MAR 28 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Duto Mouting Gyples & UC 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:
SENGIE MARSHACL Name of Person
Firm/Company
1791 Miami Glardens De#304
Mami, FZ 33/79
Severn Arcs that Quaheo. conf E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seyse //lavShull at 355 915-4135 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solononial Status}\$\$55.00 Filing Fee & \text{Solononial Status}\$\$\$55.00 Filing Fee & \text{Solononial Status}\$\$\$\$Certificate of Status & \text{Certified Copy}\$\$\$ (additional copy is enclosed) \$\$\$\$\$ (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

Auto Movens	S Express LC Ex ?
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	. / / m ? P r
Florida document number <u>L/0000/265</u>	29
This amendment is submitted to amend the following:	8: 32 LORIDA
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1449 PortolA Ave Delfona P. 32738
(Principal office address MUST BE A STREET ADDR.	ESSI DelfonA, PC 32738
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
nbiem	Sorge Marshall	1791 Miami Grardens DR #304 Miami, FZ 33179	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			2012 MAR 26 AK
Dated	Jorch 23, 20 See F. V	Darhell 5	& 32 F
	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00