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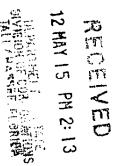
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COVER LETTER

Division of Ce			
SUBJECT:	FIRST PREM	IER VAN LINES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	[Amendment and the(s) are sul	omitted for filing.	
Please return all corresp	nodence concerning this matter	to the following:	
		STEPHEN MANDELL	
		Name of Person	
	CARRIE	R SERVICES OF FLORIDA	
		Firm/Company	
	13	B57 E LAFAYETTE ST	
	The second control of the control of	Address	
	TA	LLAHASSEE, FL 32301	
		City/State and Zip Code	
		IDELL@RABONINSURANC	
	F∞nai! address: (to be used for future annual report notifica	ition)
For further information	concerning this matter, please o	call:	
STER	HEN MANDELL	at (850) 9	42-7323
Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
▼ \$25.0 0 Filing Fee	230.00 Filing Fee & Certificate of Status	S55.00 Filing Fec & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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at All ANG 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:

FIRST PREMIE	R VAN LINES	LLC TALLA	HARY OF STATE
(Nuise of the Cimited Liability Com (A Florida Limite	nany as it now appea d Liability Company)	rs on our records.)	MODEE, FLORIDA
The Articles of Organization for this Limited Liability Compa	ny were filed on	05/16/2011	and assigned
Florida document number <u>L11000057853</u>			
This amendment is submitted to amend the following:			
A. If amending same, enter the new name of the limited li	ability company he	<u>re</u> ;	
The new name most be distinguishable and end with the words "Linut."	imited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal effices address, if applicable:			
(Principal office address MUST BE A STREET ADORESS)	•		
Enter new mailing address, if applicable:			
(Mailing address M.17 BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E.	ne: Florida street ad	dress
	E.A		Mr Con
	Citv	, Florida	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 this statutes relative to the prover 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 egipect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

ff 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 Manaber being added or removed from our records:

ç. ... 🖡

MGR = Manager

<u>Titte</u>	Name	Address	Type of Action
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D. If amend		, enter change(s) here: (Attach additiona	FILED TALLAHASSEE, FLORID
Dated	MAY 15	, 2012	De d
	Signeti	re of a member or authorized representative of	a member
		MICHAEL SHELTON Typed or printed name of signed	

Page 2 of 2

Filing Fee: \$25.00