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SECNETARY OF STATE
AND ANASSEE, FLORIDA

N. Oulligan JAN 31 2012

COVER LETTER -

| TO: | Registration Section Division of Corpo | | | |
|--------|--|---|--|--|
| SUBJ | ECT: | FIRST CLA | SS MOVERS, LLC | the state of the s |
| , | | | ted Liability Company | the state of the state of the state of |
| | | | | |
| The er | nclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | |
| Please | e return all correspond | lence concerning this matter | to the following: | |
| | | J | OSE M. BARJA, CPA | |
| | | | Name of Person | |
| | | PASTROFF | , BARJA, KELLY & COM | PANY |
| | | | Firm/Company | |
| | 7400 SW | | 50TH TERRACE, SUITE | 304 |
| | | | Address | |
| | | | MIAMI, FL 33155 | |
| | | | City/State and Zip Code | |
| | | JBA | RJA@PBK-CPA.COM | |
| For fu | orther information con | e-mail address: (| to be used for future annual report no | (inteation) |
| | JOSE M | . BARJA, CPA | at (305) | 669-8368 |
| | Name of P | | | ime Telephone Number |
| Enclo | sed is a check for the | following amount: | | |
| \$2 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclo | Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registrat Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 see, FL 32314 | STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL | oorations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
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| FIF | RST CLASS I | MOVERS, LL | C IALLAH | ASSEE, FLORIDA |
|--|---|---|--------------------------|--------------------------|
| (Name of the Limite | A Florida Limited I | ny as it now appear Liability Company) | s on our records.) | - LORIDA |
| The Articles of Organization for this Limited | Liability Company | were filed on | 01/13/12 | and assigned |
| Florida document number L1200000 | 06812 | | | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here | 2: | |
| | N/A | - | | |
| The new name must be distinguishable and end w "L.L.C." | rith the words "Limi | ted Liability Compa | ny," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 7905 NW 60 S | STREET | |
| (Principal office address MUST BE A STRE | (Principal office address MUST BE A STREET ADDRESS) | | 166 | |
| | | | | |
| Enter new mailing address, if applicable: | | 7905 NW 60 S | STREET | |
| (Mailing address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33166 | | |
| | | | | |
| B. If amending the registered agent and registered agent and/or the new registered | | | ur records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | <u> </u> | | |
| - | | Enter Florida street address | | |
| | | | , Florida | |
| | | City | | Zin 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:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|---|---|--------------------|
| MGRM | LANDAETA, OLIVER | 13188 SW 9 TERRACE MIAMI, FL 33184 | Add Remove |
| MGRM | LANDAETTA, OLIVER | 13188 SW 9 TERRACE MIAMI, FL 33184 | ✓ Add □ Remove |
| | | | Add Remove _ |
| | | | Add Remove |
| | | | _□Add _□Remove |
| | | | Add Remove |
| D. If amendin | g any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | |
| N/A | | | - |
| | | TALLAHASS | FIL 12 JAN 30 |
| Dated / | 1/25 , 2012 | SEE, FLORIDA | PH 12: 4/ |
| <u>/</u> | / JOSEM. BARTA IN | r authorized representative of a member CORPORATOR & REGISTERED AGEN printed name of signee | $\frac{1}{\tau}$ |

Page 2 of 2

Filing Fee: \$25.00