13000100098

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

Division of Cor	porations		
Pierless Pro	perties, LLC		
Beddect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kathleen Carla Alexander		
	-	Name of Person	
	Move To Florida, LLC		
		Firm/Company	
	4455 Military Trail, Suite	00	
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	MoveToFloridaGo@gmail.c		
	·	to be used for future annual report notification	ation)
For further information c	oncerning this matter, please ca	all:	
Kathleen C. Alexander		561 797-3898 at ()	
Name o	f Person	Area Code Daytime T	Felephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Pierless Properties, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/15/2013 and assigned Florida document number ____L13000100098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Move To Florida, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4455 Military Trail Enter new principal offices address, if applicable: Suite 100 (Principal office address MUST BE A STREET ADDRESS) Jupiter, FL 33458 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Kathleen Carla Alexander Name of New Registered Agent: 4455 Military Trail, Suite 100 New Registered Office Address: Enter Florida street address , Florida 33458 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 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.

Jupiter

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
 			□ Add
		 	☐ Remove
			Change
			□ Add
			☐ Remove
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		 	□ Remove
			Change
			SSRY 50 Adm
			P STATE OF STATE

If amending any other information	n, enter change(s) here: (Attach add	litional sheets, if neces.	sary.)
	 		<u> </u>
			
			
	 		
	<u>. </u>		
Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing of does not meet the applicable statutory furthernt of State's records. ffective date, but not an effective	iling requirements, this o	iling.) Pursuant to 605.0207 date will not be listed as
Dated April 14,	2016		
Kati	lla Carla	Olexed	22
Sig Kathleen Carla Alexander	mature of a member of authorized representa	が、 (A) (A)	
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Katileeli Caria Alexandei	Typed or printed name of signe		77 5 1
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Filing Fee: \$25.00