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B. BOSTICK
DEC - 5 2013
EXAMINER

COVER LETTER

TO:, Registration Sec Division of Corp		,	
SUBJECT: h(st	Class Maing (OMODAY (LC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cuins	Philis Hin Name of Person	
	Filst (los	5 MO VING COMPUNY C	<u>lc</u>
	1000 East	Atlantic Blud Suite #	222 FALLANASS
	Pampano	Beach, FL 33060 City/State and Zip Code	<u> </u>
	INFO (Q) Fi/51 E-mail address: (1	- Cl055 MOUNG COMPONY, o be used for future annual report notificati	<u>COM</u> 99 50
For further information con	ncerning this matter, please ca	all:	·
GUENS Phili	Stin	at (<u>) 54) 265 - C</u> Area Code & Daytime Te	r S 3 9 lephone Number
Enclosed is a check for the	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:

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

Tilst Class Moving	Cohpany LLC ity Company as It now appears on	our records
(A Florid	a Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability	Company were filed on July	9, 20B 3:00 M and assigned
Florida document number <u>L13000102642</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	A C
		急に関する
Enter new mailing address, if applicable:		288
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our 1 Idress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	orida street address
		, Florida
	City	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGBM	Morinvil, Clairenitha	3315 Pinewalk Drive N	Add
		Margate APT 108, FL 33063	Remove
			Add
			Remove
	-		Add
		ALAHASSE	Remove
		7 V ii 244 7a - N ii	Aaa
		TORIO/	Remove
			Add
			Remove
			Add
			Remove
			_

If amending any oth	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
.	
	<u> </u>
ned November	23 , 2013
	Signature of a member or authorized representative of a member
	GUENS Philistin Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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