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Office Use Only

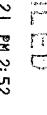


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FILING CANCELLED RETURNED CHECK

12/21/15--01028--033 **25.00

FILING CANCELLED RETURNED CHECK



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COVER LETTER

TO:	Registration Se Division of Cor							
CHD II	Mr Mover o	of Ft Myers, LLC						
SUBJECT: Name of Limited Liability Company								
			•					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Jason Svadeba						
			Name of Person					
		Mr Mover of Ft Myers, LL	.c					
			Firm/Company					
		PO Box 13170						
			Address					
		Tampa, FL 33681						
City/State and Zip Code								
	* ***	admin@mr-mover-fort-mye						
		E-mail address: (to be used for future annual report notific	cation)				
For fur	ther information co	oncerning this matter, please ca	all:					
Jason S	Svadeba		239 334-6683 opt	t. 1				
	Name of	Person	Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	e following amount:	,					
■ \$25	5.00 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

FILING CANCELLED RETURNED CHECK

Mr Mover of Ft Myers, LLC								
(Name of the Limited Lie (A Fl	ability Company as it now appears on our recor orida Limited Liability Company)	<u>ds.</u>)						
The Articles of Organization for this Limited Liabili	ty Company were filed on 12/10/2013	and assigned						
Florida document number L13000170257	·							
This amendment is submitted to amend the following	g:							
A. If amending name, enter the new name of the	limited liability company here:							
The new name must be distinguishable and contain the words '	'Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET AL	DDRESS)							
		5						
Enter new mailing address, if applicable:	<u> </u>							
(Mailing address MAY BE A POST OFFICE BOX		<u> </u>						
		<u> </u>						
B. If amending the registered agent and/or re	egistered office address on our record	ls, enter the name of the new						
registered agent and/or the new registered office a	address nere:	52 RIDA						
Name of New Registered Agent:		.						
New Registered Office Address:								
	Enter Florida street addre	Enter Florida street address						
		lorida						
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name	Address	Type of Action			
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		Tampa, FL 33681	Remove V			
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he 90th day after th	e record is fil	led.								
December 16th	_ /		2015							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00