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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Veterans Moving and Storage, LLC Name of Limited Liability Company	
Name of Entitled Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Me Donald Name of Person	
Veterars Moving and Storage, LLC Firm/Company	
PO BOX 6232- Address	
Jacksonville-Florida 32236 City/State and Zip Code (No spaces)	
City/State and Zip Code (No spaces all lowercaps) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Mcdonald at (954) 380 1598 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status 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

Veterans Moving and	Shorage	, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000178282</u>	vere filed on	12/31/13	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			3)3 -
Enter new mailing address, if applicable:	PO 1	Boy 6232	25 5
(Mailing address MAY BE A POST OFFICE BOX)	Ja	Boy 6232 chsooville	平 32236
B. If amending the registered agent and/or registered office address here:		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent: DayLo	d Mc	Donald	
New Registered Office Address '	Francisco	la street address	t .
	Enter Fioria		
	City	, 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 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
Mgr	Leslie Cluttre	5591 commonweath are Jacksonwell Ronda 32254	Add
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			Change
			
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Filing Fee: \$25.00