## L14000041577

(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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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE	MOVER A	UTO LLC				
., 0 100	<u> </u>	Name of Lim	ited Liability Company	<del></del>		
		Amendment and fee(s) are sub	-			
		RENAN RODRIGUES				
			Name of Person	<del></del>		
		CSG - CAPITAL SERVIC	CES GROUP INC	5.*	17. 17.2	_
			Firm/Company	<del>-</del>	آ÷	17
		6735 CONROY RD UNIT	305		41 NON 15	1
		<del></del>	Address		U	1
		ORLANDO, FLORIDA 33	2835	•	ب. ب	٠.,
		RENAN@THEWAYGRO		•	. 0	
For furt	her information o	e-man address: (	to be used for future annual report notifi all:	cation)		
RENA	N RODRIGUES		407 770-5776			
	Name o	f Person .		Telephone Number	_	
Enclose	d is a check for th	ne following amount:				
□ <b>\$</b> 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status &	
	MAIL	ING ADDRESS:	STREET/COURIE	TD ADDDESS.		

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

MOVER AUTO LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/12/2014	and assigned
Florida document number L14000041577	<del>_</del>	<b>S</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MOVER EXPERIENCE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6735 CONROY RD UNIT 307	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32835	- F2.
		1 17
Enter new mailing address, if applicable:	6735 CONROY RD UNIT 307	- F
Mailing address MAY BE A POST OFFICE BOX	ORLANDO, FLORIDA 32835	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>en</u>	ter the name of the ne
· ·	<b>x.</b>	
Name of New Registered Agent:		
New Products 1000 A 11		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	Cina , F IOTIGE	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 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

Title	<u>Name</u>	Address	Type of Action
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Typed or printed name of signer

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