

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN Account Number : I2007000020

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Fax Number : (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRE VAN LINE, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

NICK SPRADLIN

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRE VAN LINE, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	on 05/14/2014 and assigned
Florida document number L1400078291	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
CENTRE VAN LINES, LLC	
The new name must be distinguishable and end with the words "Limited Liability Compa	
Enter new principal offices address, if applicable:	20 E
(Principal office address MUST BE A STREET ADDRESS)	至
	砂と N III
Enter new mailing address, if applicable:	() () () () () () () () () ()
(Mailing address MAY BE A POST OFFICE BOX)	5 №
	ji №
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	zip voae
The state of the s	

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

Page 1 of 3

MGR = Manager

08/04/2032 00:33 FAX 8133336358 NICK SPRADLIN @ 0003/0004
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			

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are as amonaing may	mer mormation, effer eg	ange(s) here: (Attach additional	sneets, y necessary.)	
(The effective date must	ther than the date of filing be specific, cannot be prior to date is filed by the Florida Department	of receipt or filed date and cannot be mo	(optional) re than 90 days after	
Dated <u>05/27</u>	· · · · · · · · · · · · · · · · · · ·	2014		
··	1/6.	ember or authorized representative of a		
NICK	ÓLAS J. SPRADI	_IN AUTHORIZED RI Typed or printed name of signes		IVE
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