

L14000145012

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Shivers OCT 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Relocation Van Lines LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrey Shuklin

Name of Person

National Relocation Van Lines LLC

Firm/Company

1835 E Hallandale Beach Blvd

Address

Hallandale Beach, FL 33009

City/State and Zip Code

info@nationalrelocationvanlines.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrey Shuklin

Name of Person

at (**305**) **587-87523**

Area Code

Daytime Telephone 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**

National Relocation Van Lines LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/23/2014 and assigned
Florida document number L14000149012.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1835 E Hallandale Beach Blvd
Hallandale Beach, FL 33009

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1835 E Hallandale Beach Blvd
Hallandale Beach, FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sergei Verlan

New Registered Office Address:

1835 E Hallandale Beach Blvd

Enter Florida street address

Hallandale Beach

City

, Florida

33009

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Serghei Verlan	1835 E Hallandale Bch Blvd	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MRG	Andrey Shuklin	500 Three Island Blvd	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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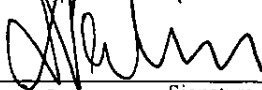
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10/08/2014



Signature of a member or authorized representative of a member

Serghei Verlan

Typed or printed name of signee

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Filing Fee: \$25.00

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