

9/14/2020

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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : A & L CARRIER SERVICES INC.
Account Number : I20110000033
Phone : (786)360-2879
Fax Number : (786)362-5270

R. WASTE
SEP 14 2020

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

Email Address: Info@alcarrierservices.com

RECEIVED
2020 SEP 14 PM 3:51

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMPERIAL MOVERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPERIAL MOVERS 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:

IAROSLAV V OGLINDA

Name of Person

IMPERIAL MOVERS LLC

Firm/Company

1903 Plunkett St

Address

HOLLYWOOD FL 33020

City/State and Zip Code

INFO@ALCARRIERSERVICES.COM

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

For further information concerning this matter, please call:

A L CARRIER SERVICES INC

at (786)

360-2879

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020 09 14 11:20

IMPERIAL MOVERS 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 09/14/2020 and assigned
Florida document number 09/14/2020.

This amendment is submitted to amend the following:

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

ALL MOVING RELOCATION LLC

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

Enter new principal offices address, if applicable:

1903 Plunkett St

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL 33020

Enter new mailing address, if applicable:

1903 Plunkett St

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD FL 33020

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:

1903 Plunkett St

New Registered Office Address:

Enter Florida street address

HOLLYWOOD

City

Florida

33020

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

AMBR = Authorized Member

[illegible]