L1500000272

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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Federal Relocation Services 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:
Jeanne Luis Name of Person
Firm/Company
8600 SW 128 ST Address
Miami, F 33/56 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
J-Earl Luis at (786) 558-6133 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, 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**

Federal Relocation Services LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500000282</u>	were filed on $\frac{102}{201}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9501 SW 140th ST Suite 220
(Principal office address MUST BE A STREET ADDRESS)	miami, FL 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9501 SW 160th ST, Suite 220 Miami, FL 33157
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: Manne Of New Registered Office Address:	
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 Type of Action Name Address MGR SW 82MP ST, Suite 6A0 Add Jeanne Luis Miami, FL 33143 ☐ Change 9501 SW 160th ST Suite 20 Add MGR Jennifer Lewis Miami , FL 33157 _□ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Year.
D. C.C.	After data if otherwhen the data of filling
(If an e	etive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
,	
Date	May, 13,2015.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00