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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: Gator Relocators Moving & Storage 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:
Sames NAZIARO Name of Person
Gator Relucators Moving & Sturage LLC Firm/Company
10704 Brunello Place Apt. 406 Address
Wellington, FL 33414 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames NASTARO at (201) 957-5329 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

Cator Relocators, Moving & Storage LLC 10704 Brunello Place- Apt. 406 Wellington- FL. @33414

I Am Sending this Amendment to Add James NAZTARO
As a managing member and owner

201-957-5329 (c)

James MAZYARU

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li	ability Company were filed on August 31, 20	o/5 and assigned
Florida document number <u>L / 5 000 /4</u> 0	<u>8763</u> .	
ı nıs amenament is suomittea to amena the tolic	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the ne
Name of New Registered Agent:	Jumes NAZZARO	
New Registered Office Address:		To be grown
	Enter Florida street address Flori	
	City , Flori	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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	James NAZZARO		. 46 2 Add
		Wellington, FL 33414	☐ Remove
			Change
-			Add
			☐ Remove
			Change
<u></u>			Add
			☐ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more. Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective tine. The 90th day after the record is filed.	me, at 12:01 a.m. on the earl	lier of:
Dated <u>September</u> 09, 2015.		
Signature of a member or authorized representative of	of a member	
· · · · · · · · · · · · · · · · · · ·		

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Filing Fee: \$25.00