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COVER LETTER

TO:

_	-	
SUBJECT:	Venice Moving S	Services, Limited Liability
	Name of Hamilton	1 Liability Company 9
The enclosed	d Articles of Amendment and fee(s) are submit	tted for filing.
Please return	n all correspondence concerning this matter to	the following:
	Danie	L. Sullivan III
	Division of Corporations Name of Person Venice Moving Services Limited Liability Company Davis L. Sulli, van III Name of Person Venice Moving Services LLC Firm/Chapany The Madress Little and Zip Code Venice Moving Services LLC Firm/Chapany Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 3214 Division of Corporations P.O. Box 6327 Tallahassee, FL 3214 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	Vérice	FL 34293
For further in	nformation concerning this matter, please call:	
Dan	Name of Person	at (941) 223 7328 Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
□ \$25.00 F	<u> </u>	Certified Copy Certificate of Status & Certified Copy Certified Copy
Reş Div P.C	gistration Section vision of Corporations D. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O,	<u>L</u>		
Venice Noving	Segvi Liability Compan Tonda Limited Li	(PS (1M), y as it now appears on ability Company)	ted Lice	bility CompA
The Articles of Organization for this Limited Liabi Florida document number	864. ng: e limited liabil	lity company here:		FILED 23 JUL 28 Añ II
Enter new principal offices address, if applicabl	e:		Ea Fox	,, · · · · · <u>-</u> -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	915 Venice	Sea Fo	x Road 34293
B. If amending the registered agent and/or registered affice address h		ddress on our recor	ds, <u>enter the nam</u>	ne of the new registere
Name of New Registered Agent: New Registered Office Address:		Sea ForEnter Floridas		1
		City		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgg.	Daviel L. Sullivas,	TR. 1500 Pierce Drive	<u>C</u> □Add
)		Venice, FL 34293	Remove
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(If an eff	ive date, if other than the date of filing:
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Dated	Sulli 26 2023
	all all Minds
	Signature of a member or authorized representative of a member