## Proside Department of State Projection of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, ELC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOVING FIRM LLC

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Sec Division of Corp			
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SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	CHUMAK, OLEKSANDR		
		Name of Person	
	Name of Limited Liability Company  as of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  CHUMAK, OLEKSANDR  Name of Person  MOVING FIRM LLC  Firm/Company  11550 NW 4 ST PLANTATION, FL 33325  Address  PLANTATION, FL 33325  City/State and Zip Code  chos\$787@g.mail.com  E-mail address: (to be used for future annual report sotification)  ation concerning this matter, please call:  SANDR  Same of Person  Area Code  Daytime Telephone Number  C for the following amount:  Fee  C \$33.0.0 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status & Certificat Copy (additional copy is enclosed)  Address:  Registration Section  and Comporations  Street Address:  Registration Section  Division of Corporations		
		Firm/Company	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ection
11550 NW 4 ST PLANTATION, FL 33325			
		Address	
	PLANTATION, FL 33325		
		City/State and Zip Code	
	chos\$787@gmail.com	The Samuel const to	oritication)
			onivarion,
CHUMAK, OLEKSAN			Talanhana Number
Name C	of Person	Area Code Dayt	ime Telephone Pulloca
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
P.O. Box 63	Section Corporations 27	Registration S Division of C The Centre o	Section Corporations
Tallahassee.	FL 32314	2415 N. Mon	noe ancer anne orv

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOVING FIRM LLC	<u></u>	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L15000174110		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>	<b>.</b>
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the</u> s <u>here</u> :	IZ A
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	ja
	City	Zip Coae

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 amending Authorized Person(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BALUTIN, ALEXEY	18409 VIA DI VERONA	☐Add
		BOCA RATON, FL 33496	■Remove
			Change
			□Add
			☐ Change
			□Add
			□Remove
			⊡Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			⊡Add
			□Remove
			□Change

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		•		
Mective date, if other than the an effective date is listed, the date multiple. If the date inserted in this blocument's effective date on the D	lack does not meet the abl	INCADIO SIMULOLY HUMA	(optional) e than 90 days after filing.) Pr requirements, this date wi	irsuant to 605,020 If not be listed a
record specifies a delayed effective is filed.	ve date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The 5	Oth day after the
Dated				
	Oleksandr Ch	unak		
	Signature of a member or a			

. . . .

Filing Fee: \$25.00