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| (Requ | estor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
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| Special Instructions to Fili | ing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|----------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | Majestic Relo | cation Specialist LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | Robin Albert | |
| | | Name of Person | |
| | | Firm/Company | |
| | 401 | W Atlantic Avenue, Suite o9 | |
| | | Address | |
| | | Delray Beach, FL 33444 | |
| | | City/State and Zip Code | |
| | | obin@majesticrelocation.com to be used for future annual report no | otification) |
| For further information c | oncerning this matter, please c | | |
| Robin | Albert | 561 870-2214 at () | |
| Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration (| | Street Address: Registration S | Section |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Moni | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Majesti | ic Relocation Specialist LLC | 2022 JUN 2 | 3 PM 3:55 |
|--------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|------------------------|
| (Name of the Limit | ted Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | Charles |
| | , , , | | ASSEE, FL |
| The Articles of Organization for this Limited L | iability Company were filed onl | 1/10/2015 | and assigned |
| Florida document number L15000190486 | · | | |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company her | · • | |
| | | | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company," the des | ignation "LLC" or the abl | previation "L.L.C." |
| Enter new principal offices address, if applic | eable: | | |
| Principal office address MUST BE A STREE | ET ADDRESS) | | · |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or i | | ords, <u>enter the nam</u> | e of the new regist |
| agent and/or the new registered office addre | <u>55 HELE</u> . | | |
| Name of New Registered Agent: | Robin Albert | | |
| New Registered Office Address: | 401 W Atlantic Avenue, Suite o9 | | |
| | Enter Florid | a street address | |
| | Delray Beach | , Florida | 33444 |
| | 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------|----------------|---------------------------------|----------------|
| Manager ———— | Stephen Albert | 401 W Atlantic Avenue, Suite o9 | |
| | | Delray Beach, FL 33444 | ■Remove |
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| Tective date, if other th an effective date is listed, the cote: If the date inserted in ocument's effective date or | late must be specific and on this block does not me | cannot be prior to date eet the applicable s | of filing or more than ' | 90 days after filing.) I | Pursuant to 605.0207 Fill not be listed as |
| record specifies a delayed of is filed. | effective date, but not a | an effective time, at | .12:01 a.m. on the e | arlier of: (b) The | 90th day after the |
| ated 6 M | Reh | alle | <i>J</i> | nh ar | |
| | Signature of a m | ember or authorized | representative of a mer | nper | |