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(Document Number)

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FILED  
16 JUL 26 PM 3:49  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

JUL 28 2016

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BERNARD'S RELIABLE MOVING SERVICE 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:

ORLANDO SARRIA

Name of Person

BERNARD'S RELIABLE MOVING SERVICE LLC

Firm/Company

441 LOS ALTOS RD

Address

PALM SPRINGS, FL 33461

City/State and Zip Code

sarria64orlando@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLANDO SARRIA

561 6856835  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration 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**

BERNARD'S RELIABLE MOVING SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July, 12 -2016 and assigned  
Florida document number L16000050599.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

441 LOS ALTOS RD

**(Principal office address MUST BE A STREET ADDRESS)**

PALM SPRINGS

FLORIDA 33461

**Enter new mailing address, if applicable:**

441 LOS ALTOS RD

**(Mailing address MAY BE A POST OFFICE BOX)**

PALM SPRINGS

FLORIDA 33461

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ORLANDO SARRIA

New Registered Office Address:

441 LOS ALTOS RD

*Enter Florida street address*

PALM SPRINGS

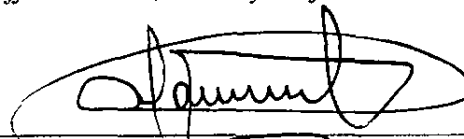
Florida 33461

*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>	<u>Address</u>	<u>Type of Action</u>
AR	CLAUDA F CARDONA	208 WESTBOURNE DRIVE	<input type="checkbox"/> Add
		OVIEDO	<input checked="" type="checkbox"/> Remove
		FLORIDA 32765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUN 26 PM 3:19  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

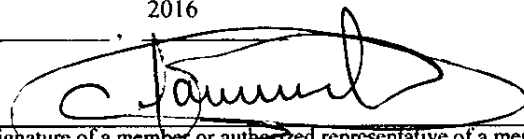
16 JUL 26 PM 3:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/12/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 12 2016



Signature of a member or authorized representative of a member

Orlando Sarría C.

Typed or printed name of signee