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COVER LETTER

Division of Cor	porations		
eup ween		ARO STRATEGIES, 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	endence concerning this matter	to the following:	
	P.	Todd Kennedy	
		Name of Person	
	Ker	nnedy & Kennedy, P.L.	
		Firm/Company	
	14 Sc	outheast 4th Street, Suite 36	
		Address	
	Воса	Raton, FL 33432	
	- 10 - 11	City/State and Zip Code	
		massaro@gmail.com	
		to be used for future annual report notit	ication)
For further information c	oncerning this matter, please c	all:	
P. Todd I	Kennedy	561 683-2484	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)
Mailling Addison		Change Addresses	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L16000124924 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOVING MASTERY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS. Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX. 3. If amending the registered agent and/or registered office address on our records, enter the name of the new records.	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new r	; , _
	-
Name of New Registered Agent:	egiste
Name of New Registered Agent.	
New Registered Office Address: Enter Florida street address	
, Florida, Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	- 1

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
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional): than 90 days after filing.) Pursuant to 605.00	207 (
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b) The 90th day after t	bс
ic is ities.		
7. 7 2023		
Dated 7. 7		

Filing Fee: \$25.00