# L16000216043

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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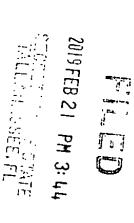
Office Use Only



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02/21/19--01007--009 \*\*25.0

R. WHITE FEB 2 6 2019



### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: LB	Moving Grame of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Margaret	Dyayton Name of Person	
	LB MI	Dring Company  Firm/Company	LC
	454 5.	Yorge Street	suite E
	Ormand Bea	Chy/State and Zip Code	4
	magaied	o be used for future annual report not	D. LOM
For further information co	oncerning this matter, please ca	ul:	
Margaret Name o	Dray W	at ( <u>401</u> ) <u>486</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	☐ \$30.00 Fifing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

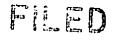
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### 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



2019 FEB 21 PM 3: 44

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L 16 000 216 043</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Relocate US LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	<del></del>
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street aa	ldress
	. Florida
Сиу	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, <u>enter the title, name, and address of each person\_being a</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Title Address Type of Action Name \_□ Add ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ □ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Add ☐ Remove

-		
	4	
Note: If the	ate, if other than the date of filing:	(optional) of filing or more than 90 days after filing ) Pursuant to 605 0207 tutory filing requirements, this date will not be listed as:
	specifies a delayed effective date, but not an e a day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
Dated	118/2019	-/
		16
	Signature of a member or suthorized re	lle.

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Filing Fee: \$25.00