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(City/State/Zip/Phone #)

☐ PICK-UP

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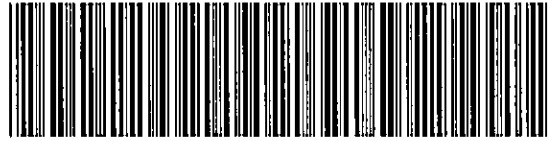
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(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Pro Moving and Storage 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:

Tara Maxwell  
Name of Person

A Pro Moving and Storage LLC  
Firm/Company

4248 Linda Dr.  
Address

Wesley Chapel FL 37543  
City/State and Zip Code

apromovingandstorage11@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Maxwell at (813) 466 0103  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

A Pro Moving & Storage LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 2-8-2017 and assigned Florida document number L17000031052

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 "LLC" or the abbreviation "L.L.C."

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

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

W/ Corp Agents Inc  
13302 Nw 10th Ave Ct A  
Tampa FL 33612

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

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

4248 Linda Dr  
Wesley Chapel FL 33543

**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:

TARA MAXWELL

New Registered Office Address:

4248 Linda Dr

Enter Florida street address

Wesley Chapel

Florida

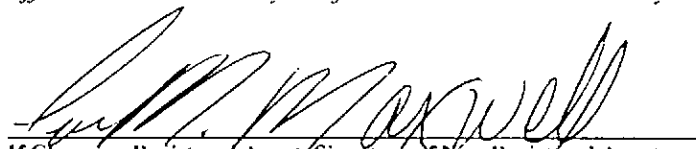
33543

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.*

  
Tara Maxwell  
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>
<u>MGR</u>	<u>Taya Maxwell</u>	<u>4248 Linda Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Wesley Chapel FL 33503</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Gerald</u> <u>Orshal</u>	<u>4248 Linda Dr</u>	<input type="checkbox"/> Add
		<u>Wesley Chapel FL 33543</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

(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)

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.

June, 27 2018

June 27 2018  
*[Signature]*

Signature of a member or authorized representative of a member

General Orshel

Typed or printed name of signee