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S Warren MAY 2 5 2017

COVER LETTER

Division of Co	rporations			
SUBJECT:		OLD CITY MOVERS LLC		
Songeen		ated Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		JARROD A SMITH		
		Name of Person		
		BOLD CITY MOVERS		
		Firm/Company		
	8901	CANOPY OAKS DRIVE		
	Address			
	JA	CKSONVILLE, FL 32256		
		City/State and Zip Code		
		ITHJARROD88@GMAIL.COM to be used for future annual report notifi		
		•	(cation)	
For further information (concerning this matter, please ca	all:		
JARROD A SMITH Name	of Person	at (_904) 704 Area Code Dayume	-1988 Telephone Number	
Enclosed is a check for t	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)	

TO:

Registration Section

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**

(Nome of the Limited Light)	D CITY MOVERS LLC Ity Company as it now appea	rs an our records.)	
	a Limited Liability Company)	13 mi vai (CVI Go.)	
The Articles of Organization for this Limited Liability C	Company were filed on	MAY 8 TH , 2017	and assigned
Florida document number <u>L17000101178</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ·	
Principal office address MUST BE A STREET ADDI	RESS)		
		ALTO CONTRACTOR A	······································
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
WHITE HUITEN MAT BE A FUST OF FICE BOAT			<u> </u>
			
			ama of the new
		records, enter the m	anie of the new
		records, enter the h	ame of the new
egistered agent and/or the new registered office add		records, <u>enter the h</u>	ane of the new
Name of New Registered Agent:		records, <u>enter the h</u>	ane of the new
registered agent and/or the new registered office add	ress here:	orida street address	ane of the new
•	ress here:		ang of the new

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

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR	JARROD A SMITH	8901 CANOPY OAKS DRIVE, JACKSONVILLE 32256	
	•		□ Remove
			Change
AMBR	JESSICA G SMITH	8901 CANOPY OAKS DRIVE, JACKSONVILLE	32256 ■ Add
			Remove
			Change
			□ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I, JARROD SMITH, WOULD INTERPERTED THE REGISTRATION WRONG AND THOUGHT THAT MADE MYSELF AN AUTOMATICE AUTHORIZED MEMBER, I AM THE OWNER AND SOLE OPERATOR AND NEED TO HAVE MYSELF ADDED. I WOULD ALSO LIKE MY WIFE WHO IS ALREADY LISTED TO BE AN AUTHORIZED MEMBER IF SHE IS NOT ALREADY IN CASE OF EMERGENCY. ADDITIONALLY, I WOULD LIKE TO ADD 82-1226529 TO MY ACCOUNT IF POSSIBLE SINCE ONE IS NOT LISTED. THE SS-4 FORM IS ATTACHED THANK YOU _(optional) E. Effective date, if other than the date of filing: MAY 20TH, 2017_ (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. 2017 Dated Signature of a member or authorized representative of a member JESSICA JARROD A SMITH Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00