## L17000110765

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SHRIF	D & K MO	VING LLC		
00001		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KENNETH KOHAN <b>S</b> KI J	R	
			Name of Person	
		ECONOMY MOVING OF	FLAGLER COUNTY LLC	
			Firm/Company	
		75 RIVERVIEW BEND S	UNIT 1624	
			Address	
		PALM COAST, FL 32137		
			City/State and Zip Code	
		kennyko5280@gmail.com		<del></del>
			to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please co	all:	
KENNETH KOHANSKI		I	386 444-1364	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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)
	((1)	1 <i>FU</i> 2		

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D & K MOVING 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 Con	mpany were filed on 05/18/2017	and assigned
Florida document number L17000110765	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ECONOMY MOVING OF FLAGLER COUNTY LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	red office address on our records.	enter the name of the new
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	
	Litter Pitoriaa sweer daaress	
	, Flori	da
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and a ent as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	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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200		09/20/2017			
if an eff <u>Note:</u>	tive date, if other than the date of filing flective date is listed, the date must be specific and if the date inserted in this block does not ment's effective date on the Department of S	cannot be prior to seet the applicabl			ng.) Pursuant to 605.0207
	ecord specifies a delayed effective d e 90th day after the record is filed.	ate, but not a	an effective tim	e, at 12:01 a.m	. on the earlier o
Dated	SEPTEMBER 20, 2017		. •		
	Kennet Kollanste Signature of a n				

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Filing Fee: \$25.00