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(Re	questor's Name)	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Registration So Division of Co		<i>"</i>	
		Y MOVING LEC		
SUBJEC		Name of Lin	nited Lability Company	-
The encl	osed Articles of	Amendment and feets) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		KIMBERLY RODRIGUE	·/	
			Name of Person	
		CARRIER SERVICE INC		
		· · · · · · · · · · · · · · · · · · ·	Fam Company	
		20915 NW 2ND AVI:		
			Address	
		MIAMI, FL 33169		
			City State and Zip Code	
•		KDURHAM@CARRIERS	FRVICE.COM to be used to: tuture annual report notification.	_
For furth	er information e	oncerning this matter, please e		
	REY RODRIGU	EZ	305 652-9990	
	Name o	i Person	at ()	hei
Enclosed	is a check for t	ne following amount:		
L 825.	0 Filing Fee	LJ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi additional copy is enclosed) Certifi) Filing Fee, leate of Status & led Copy mut copy is enclosed)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Forporations 7	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 DEC - 3 PH 3: 42

NEW CITY MOVING LLC		0 111 3:42
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records,) rafa Limited Liability Company)	, ,
The Articles of Organization for this Limited Liability Florida document number <u>1.17000211216</u>		and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the topowing.		
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
PALMER MOVING & STORAGE LEC		
The new name must be distinguishable and contain the words "I	immed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	nnter vlorida street address	
·	, Flori , Flori	ida 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

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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

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<u>Title</u>	Name	Address	Type of Action
			Add
			🗆 Remove
			= Add
			🗆 Remove
		· ····	= Add
			🗆 Remove
			Change
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ________________(optional) If an effective date is listed, the date must be specific and cannot be prior to date of tiling 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.

NOVEMBER 29 Dated

2019

(0 Signature of a member or anthonized representative of a member

MERCEDES MORALES

Typed or printed name of signce



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Filing Fee: \$25.00