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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			4	. 10
orth m		tional Movers, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Sommer Heckel			
			Name of Person		
			Firm/Company		
		233 SE Norfolk Blvd			
			Address		
		Stuart, FL 34997	City/State and Zip Code		
For further		E-mail address: (to be used for future annual report notifi	ication)	
For furt	her information c	oncerning this matter, please ca	all:		
Somm	er Heckel		772 626-4232 at ()		
•	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d 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)	Certified C	of Status &

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

United National Movers, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
lorida document number L17000227422	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	8 ×s
		25
nter new mailing address, if applicable:		W SEC
Mailing address MAY BE A POST OFFICE BOX)		6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		26 26
If amending the registered agent and/or regist egistered agent and/or the new registered office address Name of New Registered Agent:		ds, enter the name of the
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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.

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>	Address	Type of Action
AP	Sommer Heckel	233 SE Norfolk Blvd.	
		Stuart, FL 34997	Remove
			Change
			Remove
			Change
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			□ Remove
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			□ Remove
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record specifies a delayed The 90th day after the rec		ate, but no	ot an effecti	ve time, at	12:01 a.m.	on the earl	ier o
June 12 ted		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00