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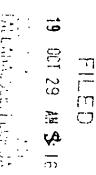
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COVER LETTER

TO:	Registration Se Division of Cor		pa 14 14	
		ED MOVING COMPANY LLG	:	
SUBJI	ECT:	Name of Lim	nted Liability Company	····
The on	udaçad Articles at	Amendment and fee(s) are sub.	mitted for filing	
		indence concerning this matter		
	·	KIMBERLY RODRIGUE		
		CARRIER SERVICE INC	Name of Person	
		20915 NW 2ND AVE	Firm/Company	
		MIAMI, FL 33169	Address	
		KDURHAM@CARRIERS	City/State and Zip Code ERVICE.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information e	oncerning this matter, please ca	all:	
KIMH	BERLY RODRIGU	JEZ	305 652-9990 0t ()	
	Name c	of Person	at ()Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$2	5.00 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 tadditional 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 Clitton Building 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ICLES OF C		F ,
	C)F	를 원 필
PREFERRED MOVING COMPA			FILED PRODUCTION OF THE PRODUC
(Name of the Limi	ted Liability Compa (A Florida Lamited	any as it now appears on our . Liability Company)	records.)
The Articles of Organization for this Limited L		y were tiled on 11/16/2017	records.) FILED Fandlassigned
Florida document number £17000237439			
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liab	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ihty Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1835 N MIAMI GARDE	ENS DR
		MIAMI, FL 33179	
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new
Name of New Registered Agent:	OREN SHAR.	ABI	
New Registered Office Address:	1835 NE MIA	MI GARDENS DR Enter Florida street	uddress
	MIAMI		, Florida <u>33179</u>
		Civ	

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 Charging 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>	Type of Action
MGR	ANDY DESROSIERS	1234 S DIXIE HIGHWAY #1126	
		CORAL GABLES, FL 33146	□ Add
			■ Remove
			☐ Change
MGR	OREN SHARABI	1835 NE MIAMI GARDENS DR	
		MIAMI, FL 33179	■ Add
			Bemove
			Change
			□ Remove
			Change
		 	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

				
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Effective date, if other than the d If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	he specific and cannot be pu ik does not meet the app	or to date of filing or m licable statutory filing	ore than 90 days after filing	g) Pursuant to 605,0207 (
ne record specifies a delayed The 90th day after the recor		not an effective t	ime, at 12:01 a.m.	on the earlier of:
OCTOBER 23	2019			
		<u> </u>		
	10			
	ighature of a member or au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00