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COVER LETTER

TO: Registration Sc Division of Cor			
	AN HOUSEHOLD GOODS BE	ROKERS, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	LORI EISCHEN		
		Name of Person	
	THE SUDDATH COMPA	NIES	
		Firm/Company	
	815 S. MAIN ST		
		Address	
	JACKSONVILLE, FL 322	207	
		City/State and Zip Code	
	leischen@suddath.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
LORI EISCHEN		904 390-7100 at ()	
Name c	of Person	Area Code Daytim	c Telephone Number
Enclosed is a check for t	he 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

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

FILED

18 MAY 23 PM 2: 46

AMERICAN HOUSEHOLD GOODS BROKERS, 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 Comp	any were filed on $\frac{12/20}{}$	0/2017	and assigned
Florida document number 1.17000259535			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here	:	
AMERICAN MOVERS, LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>-</u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ur records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compo- accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Cha	v duties, and Lam upter 605, F.S. Or,	familiar with and if this document is
īrē	Changing Registered Agen	t, <u>Signature of New R</u> o	egistered 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 Type of Action Title Name Address □ Add ☐ Remove ☐ Change _□ Add _□ Remove _

Change □ Add _ Change _□ Add _□ Remove ___ Change _□ Add ☐ Remove __ Change _□ Add ☐ Remove ☐ Change

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ffective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date motories. If the date inserted in this b	ast be specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to 60	05.0207 sted as
ocument's effective date on the l		iore statutory riving requir	enems, and and will not be in	3124 43
e record specifies a delayed The 90th day after the re		t an effective time, a	et 12:01 a.m. on the earl	lier of
The 90th day after the re	cord is filed.			
MAY 21 ated	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00