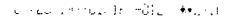
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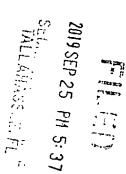
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: - W	orld Vanlines	LLC .	
	Name of Lim	ited Liability Company	- 1
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aviad		
		Name of Person	
		Firm/Company	<u></u>
	3601	N. Park Rd.	
	- Hollywo	OU FL 3308 City/State and Zip Code).
	Į.	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all;	
Avil	ankri	at (<u>954</u>) <u>560 -</u> Area Code Daytim	7032
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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

World Vanlines 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 Company were filed on $02/98/90/8$ and assigned Florida document number 4.18000053932
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: World Van Lines LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:
Name of New Registered Agent: Shella Simchor
New Registered Office Address: 3601 N. Fork Rd. Enter Florida street address Holly wood Florida 33001 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 pereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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
MG-C	Sheila Simchon	3601 N. Park Rd. Holly wood FL 33021	X Add
			Remove
			Change
Wher	Aliad Lankri	3601 N. Park R. Hollywood FL3	. 39/ □ Add
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
		· · · ·	Remove
			Change
			_□ Remove
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		<u>.</u>	_□ Add
			_□ Remove
			☐ Change

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Sept. 19th 2019
	Signature of a member arthorized representative of a member
	HViad Lankri Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00