Florida Department of State

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOP FOR LESS, LLC

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Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

	legistration Sectivision of Corp			
61301577		R LESS, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter	·	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	7 3 7
		· · · · · · · · · · · · · · · · · · ·	Address	
		Glendale, CA 91203		8
		ivailotopalov@yahoo.co	City/State and Zip Code	
		U-mail address: (to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please c	all:	
Cheyenn	e Moseley		800 773-0888 ex	
	Name o	l'Person	Area Code Daytine	Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0d	0 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP FOR LESS, LLC		
Same of the Limited Liabili (A Ford	ity Company as it now appears on our re a Limited Liability (, ompany)	cords,)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000068986</u>	Company were filed on 03/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Urban Move LLC		
The new name musi be distinguishable and end with the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	
Enter new mailing address, if applicable:	e e e e e e e e e e e e e e e e e e e	
(Mailing address MAY BE A POST OFFICE BOX)	A marketish of different control of the property of the control of	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zyr 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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	g any other information, enter change(s) here: (Attach ad	
Effective da (The effective d the date this d Dated	ate, if other than the date of filing: Late must be specific, cannot be prior to date of receipt or filed date and ear occurrent is filed by the Florida Department of State) O2 / (9 / 14 Signature of a memoal in authorizable present	(optional) nnot be more than 90 days after
	Signature of a member or authorizate present Ivaylo Topalov	antive or a member
	Typed or printed name of sign	7810 tro 525 V 8: 30

Page 3 of 3

Filing Fee: \$25.00