## LIECCOIOZTITI

(Requestor's Name)
(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:  Lincold Instructions to Filing Officer:  Cicly, Scill +C Invite  Cicly, Scill +C Invi

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Movin	<u>ng Relocation System</u> Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tesesa	A Libite Name of Person	
	moving Re	Coation Systems L	LC.
	<u>4891 5.10.</u>	101 Ave Address	
	_ Cooper Cit	City/State and Zip Code	
	E-mail address:	Item 150×54 Skin Skin Cristo be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Brenche M	Vice ping	at ( <u>754_)3&amp;1-93_R</u> Area Code Daytime	(4) 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



January 16, 2019

TERESA A. WHITE 4891 SW 101 AVE COOPER CITY, FL 33328

SUBJECT: MOVING RELOCATION SYSTEMS LLC

Ref. Number: L18000102771

We have received your document for MOVING RELOCATION SYSTEMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 919A00001282

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	ORGANIZATION (S)
C	0F 2010 14 A
Morna Devention Susk	ORGANIZATION  OF  One so the contract of our records.)  Liability Company)  One so the contract of our records.
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) All his Company)
	**************************************
The Articles of Organization for this Limited Liability Company	were filed on OH 04 0016 and assigned
Florida document number <u>L18600 [62771</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	6750 N. Andrews New 3200
	Prospero Beach, Florida 33060
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	emer viorau sweet aawess
	, Florida
	7.11) CORE

## 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
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Note: 1	If the date inser	er than the da d, the date must be ted in this block late on the Depa	does not mee	t the applicable	ate of filing or me statutory filing	re than 90 days aff requirements, th	tional) er tiling.) Pursuant t tis date will not b	o 605.0207 ( e listed as t
		s a delayed e ter the record		e, but not a	n effective ti	me, at 12:01	a.m. on the $\epsilon$	earlier of:
Dated _	~ Jan	U <sup>ln</sup> ,	· -	3019				
		y) Street.	hut, ).	hber or authorize	ed representative (	of a member		_

Page 3 of 3

Filing Fee: \$25.00