118000102771

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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DEPARTMENT OF STATE
BYTSION OF CORPORATION

TILTU

FEB 1 9 2020 S. YOUNG



January 23, 2020

GARY WHITE PACIFIC COAST MOVING LLC 3317 NW 10TH TERRACE STE 408 FORT LAUDERDALE, FL 33309

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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

PACIFIC COAST MOVING LLC - L19000297703

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.

Letter Number: 620A00001674

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Moving Relocation Systems LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Teresa A. White Name of Person
Pac Coast Moving LC
4891 SW IDI Ave.
Copper City 4 33328 City State and Zip Code
E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Murphy at 866, 991-1411 Name of Person Area Code Daytime Telephone Number
Name of Ferson — Mea Code Daytine Ferephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
FEB 1 8 7020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Systems WC as it how appears on our recollity Company)		
The Articles of Organization for this Limited Liability	Company we	ere filed on <u>9)4/2</u> 4/	<u>/ 2018කටුන</u> a ne ass	signed
Florida document number <u>L18000102771</u>	,		REDUCE TO THE PROPERTY OF THE	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabilit	v company here:		
Pac Coast Moving LLC The new name must be distinguishable and contain the words "L				
The new name must be distinguishable and contain the words "L	imited Liability	Company," the designation "I	LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	_	4891 S.W.	101 AVC	
(Principal office address MUST BE A STREET ADI	DRESS) (Cooper City.	Horida 333	328
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4891 S.W. 1 Cooper City,	01 Avc Florida 333	28
B. If amending the registered agent and/or register agent and/or the new registered office address here		lress on our records, <u>en</u> t	ter the name of the ne	w registered
Name of New Registered Agent:	ercsa	A. White.		
New Registered Office Address:	891 S.W). D Ark Enter Florida street add	dress	
C	Doper Ci	ty .	Florida 33328 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 hereby confirm that the limited liability 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
Mgr	Teresa A. White	4891 SW 101 Ave	□Add
		Cooper City, Elvida 333	28 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
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			□Remove
			□Change
			□ Add
			Remove
			□Change

<u>Note</u>	effective date, if other than the date of filing:
record is	
Date	Brenda Murphy Typed or printed name of signee