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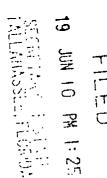
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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06/10/19--01020--030 ++25.00



S. YOUNG

Sean Williams

4200 S. Ridgewood Ave.

Suite 25

South Daytona, FL 32119

386-675-2652

COVER LETTER

Division of Cor	porations		
SUBJECT: TCAL	Moving an	d Storage L	<u>LC</u>
	Amendment and fee(s) are submindence concerning this matter to	-	
riease return air correspo	idence concerning this matter to	the following.	
	Sean Wil	Name of Person	
		Firm/Company	
	_764 Rec	d Canal Col	
	S. Daytono	FL 32119 City/State and Zip Code	
		be used for future annual report noti	
For further information co	oncerning this matter, please call	:	
Sean W.	Mians Person	at (<u>386</u>) <u>625</u> Area Code Daytim	- 2652
, tame o		7.11.2 Cont	
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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 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 negistered agent and/or the new registered office address here:
Name of New Registered Agent: Professional Moving and Storage New Registered Office Address: 2400 S. Ridgeward are Suite 25 Enter Florida street address:
S. Day tona , Florida 32119 Cuy , Florida 32119 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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Orafassional moving	Address	Type of Action
<u>on</u> GR	professional moving and storage LLC	2400 s. Ridgewood arc	D Add
	2400 s. Ridgeaard arc suite 25 S. Daytona	Remove	
	FL 32119	■ Change	
			☐ Remove
			□ Change
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
		-	□ Add
			□ Remove
			🗀 Change
		🗆 Add	
			🗆 Remove
			Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e90th day after the record is filed.
Dated	1 May 31st . 2019.
	Signature of a member or authorized representative of a member
	Sean Williams Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00