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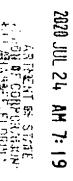


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COVER LETTER

Division of Corp	orations		
SUBJECT:	Hello Moue Name of Lin	es and an kor	s Name char
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Xavier</u>	Name of Person	
	Hello	Movers and Firm/Company	Junkers.
	_17832 (stenage D-	
	Land O' Xourier 6 E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	38 LC 1 COM
For further information cor	ecerning this matter, please ca	all:	
Name of F	erson Cerson	at (<u>347</u>) <u>820 –</u> Area Code Daytimo	COZY Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AN CALL THE COLUMN TO THE COLU	
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 1-09-2019 and assigned
Florida document number <u>L 19000016194</u>	
This amendment is submitted to amend the following:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A. If amending name, enter the new name of the limited liab	oility company here:
Hello Moucrs U	<u></u>
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17102 Tiffany Lake Pl
(Principal office address MUST BE A STREET ADDRESS)	10102 Tiffany Lake Pl Lutz, Fl 33549
Enter new mailing address, if applicable:	17832 Glenapp Or Land O Lakes 34638
(Mailing address MAY BE A POST OFFICE BOX)	Land O (akrs 34638
B. If amending the registered agent and/or registered office a	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:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
Nam Designational Access of the Control of the Cont	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my auties, and I am familiar with and provided for in Chapter 605. F.S. On it this document is
heing 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	, <u>, , , , , , , , , , , , , , , , , , </u>

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
			□∧dd
			□Remove
			□ Change
			□ Add
		·	□Remove
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			□Remove
			□ Change

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If an effective Note: If t	date, if other than the date of filing:
e record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7-22-2020
	1/
	Signature of a great and the
	Signature of a member or authorized representative of a member