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COVER LETTER

то:	Registration So Division of Cor			
SURTE	ct. Nationw	ide Relocation Fram Li	LC	
00030	· · ·	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Jeffrey Shoppe	None of Dogue	
		Shapper Consul-	Firm/Company	
		645 Ocean Inle	+ Dr	
			Address	
		Boynton Beach,	FL 33435 City/State and Zin Code	
		ShapperConsulting E-mail address: (FL 33435 City/State and Zip Code ng @ Gmail. Com tube used for future annual report not	ification)
For furth	ner information c	concerning this matter, please co		
Jeff	rey Shapp	e/	at (201) 66 3 - 6	3 490
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for the	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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF	F19 79
Or	E N
Nationwide Relocation Group. LLC	P 19
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	= 3
The Articles of Organization for this Limited Liability Company were filed on $\frac{1/30/19}{\text{Ligorology}}$.	and assigned
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	a abbraviation of 1 C "
The new name must be distinguishable and contain the words. Elimited Liability Company. The designation of the	e aboreviation (E.E.C.)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1140	Hollar	J D	r	
	Suite	21		
Boca	Raton	FL	33487	

1140 Holland Ur.

Suite 21

Buca Raton FL 33487

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street add	ress
	<u> </u>	Florida
	City	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Shapper Consulting LLC	645 Ocean Inlet Dr	Add
	U	645 Ocean Inlet Dr Boynton Beach, FL 33435	Remove
			□ Change
			Add
			□ Remove
			Change
		 	
			Remove
			Change
			Add
			□ Remove
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			Add
			Remove
		· 	Change
			D Add
			□ Remove
			Changes

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Note:	ive date, if other than the date of filing: 916 19 (optional) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (or 1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date of the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/16/19
	Sentature of a member or authorized representative of a member
	Jeffrey Shapper Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00