11900011932

(Requ	uestor's Name	<u> </u>
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	nme)
(Doct	ument Numbe	7)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
<u> </u>		

Office Use Only



08/29/19--01002--002 **60.00

AUG 2 8 2019 S. YOUNG

FILED

9 AUG 28 PH 3: 2

COVER LETTER

Division of Cor	porations		
SUBJECT:	-A.R. Movemen	+ L.L.C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	So N Powell	
		R. Movement	···
	7342	NW 4742 PL	
	Laur Trens Pr	der hill FL 32 City/State and Zip Code	
		SURI 49 @ 40hoo . C to be used for future annual report notif	ication)
for further information c	concerning this matter, please co	all:	
Name c	of Person	at ()	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)	Continued to Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	IMO A DINDERGO	can obtaine	en annivers.

MAILING ADDRESS:

Registration Section

TO:

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 TO ARTICLES OF ORGANIZATION OF

LA.R. Movemen	H L.L.C.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{3/37/9}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "ELC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLANIASSEE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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>	Name	Address	Type of Action
AMBR	Jason Pavel	7342 NW 47th R. Landerhin, FL, 33319	
		Lauderhill, FL, 33319	□ Remove
			☐ Change
·			□ Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			🗆 Change
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		□ Remove	
			Change
			Add
			□ Remove
			Change

•	•
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(If an et <u>Note:</u>	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: e 90th day after the record is filed.
Datec	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00