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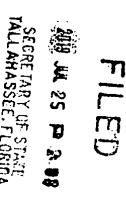
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	Alliant Van	Lines L	_LC	
	Name of Limi	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:		
	Fra	nk Porter	Jacuis	<u>.</u>
		Name of Person		
	1 7	Firm/Company	•	
	4840 North	Hand DE		
	A 1 1 /	Address	^	
	Atlanta	GA 3034	2	
	, , , , , , ,	City/State and Zip Code	/ .)
	E-mail address: (t	O be used for future annual	γ_{G} / o (report notification)	<u>"op7</u>
For further information o	concerning this matter, please ca		•	
	~			
Frank Porte	r Jarus	at (<u>404</u>)	721-62	
Name o	of Person	Area Code	Daytime Telepl	none 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 enc		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

OF

Aliant Cines LLC

(Name of the Limited Liability Company as it now appears on our records 113 to 25 P 3 of (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Company as it now appears on our records 113 to 25 P 3 of (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Company were filed on Company as it now appears on our records 113 to 25 P 3 of (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida document number

The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	····
(Principal office address MUST BE A STREET	ADDRESS)	
		
P-4		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida str	eet address
		, 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Frank Porter Jarvis	4840 Northland Dr	Œ Add
		Atlanta GA 30342	Remove
			Change
			[7] Add
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
		 	Change
			Add
			☐ Remove
			Change
			D Add
		-1	Remove
		<u> </u>	Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
<u></u>	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
If the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	July 1 1 20191.
<i>(/</i>	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00