## 114 666 155 226

(Request	or's Name)
(Address	)
(Address	)
(City/Stat	e/Zip/Phone #)
` ´	, ,
PICK-UP	WAIT MAIL
	_
(2)	
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
openier metradenia to 1 mmg	
Off	fice Use Only

524-



700340899987

02/24/20--01017--021 \*\*25.00

2928 (\*\*\*: 30 Mil 10: 23

C GOLDEN MAR 3 1 2020

## **COVER LETTER**

TO: Registration Section Division of Corporatio	ons —
SUBJECT: Mitch	Louing Commy LLC
	Name of Limited Liability Company
The enclosed Articles of Amenda	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Name of Person
W	nited Maria Company UC
	Address (Address)
1	perfield Bench Fl 33441
70	City/State and Zip Code
For further information concernit	ng this matter, please call:
Name of Person	at t
Unclosed is a check for the follow	ving amount:
	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corpora	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 323	

Tallahassee, FL 32303



2020177 30 AHH: 15

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2020

TIFFANY SELNICK 500 FAIRWAY DRIVE #106 DEERFIELD BEACH, FL 33441

SUBJECT: UNITED MOVING COMPANY LLC

Ref. Number: L19000185220

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you are changing the registered agent, please enter the new name and address; you can list only one (1) registered agent for the company. The individual listed and the person signing must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 920A00005684

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Maited Moving Comp	DON LLC 20011 130 MI 10: 23
(Name of the Limited Liability Compa (A Florida Limited)	ay as it saw hopears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>FISIC</u> and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	tiry Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	EXT FOR WALVE
(Principal office address MUST BE A STREET ADDRESS)	Deorfie 12 Beach Fl 3344
Enter new mailing address, if applicable:	11995. Fedoral Hisu #118
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raten Fl 33432
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	MANTHUMIUM DUSTIN ROPP
New Registered Office Address:	Enter Florida street address 500 Fairway D
Deer	eld Becch, Florida 33-141 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

	from our reco		mage, <u>enter the title, name, and address of each p</u>	erson being adde
MGR = M AMBR = A	lanager uthorized Me	mber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGIZ	Dis	tin Ropp	5000 Fairway Dr #10	<b>€</b> i <b>X</b> Add
			Deerlied Beacher 334	∐□Remove
				Change
MAR	THE	ny Selnick	11995. Federal Huy #118 Boxa Roton FL 33532	<u>⊾</u> □Add
			Buxaldon FL 33532	KRemove
				iChange
				::[Add
				LiRemove
				= Change
				IAdd
				[]Remove
				_ [.]Change
				Add
				_ L]Remove
				l Change
	1819.			_ TAdd
				[]Remove

fame	ending any other	information, enter change(s) here: (Attach additional sheets, if necessary,)
-		
-		
-		
_		
-		
_	-	
-		
-		
-		
-		
_		
-		
-		
`an eff <del>Vote:</del>	ective date is listed, th If the date inserted	than the date of filing: 2222 (optional) addate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (in this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records.
recor Lis fil	d specifies a delaye led.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated	2/21/2	20
	Min	Signature of a member or authorized representative of a member
	TIPAN	
		Typed or printed mane of signee