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#### **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	United MOV	ING GROUP LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tricles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:    VLAPSLAV FEDOROV   Name of Person		
	UNITES	D MOVING GROUP Firm/Company	o Lic_
	600 AUGU	stord, apt 624 Address	
	Ponom tampa E-mail address: (	a city beach 324 City/State and Zip Code  relocation a gmotor be used for future annual export notif	cil. com
For further information c	concerning this matter, please co	all:	
VLAD9 Name o	SCAV of Person	at ( <u>850</u> ) <u>238 t</u> Area Code Daytime	2360 e Telephone Number
Enclosed is a check for t	he following amount:		
<b>♥</b> \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

#### Mailing Address:

TO:

Registration Section

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

#### Street Address:

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

	ING GROUPLLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19060230715</u> .	were filed on <u>September 12,2019</u> and assigned
This amendment is submitted to amend the following:	
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 Liabi  Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office dairess MOST BL A STREET ADDRESS	7020 FEE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	32
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. Florida \_\_\_

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

Title	<u>Name</u>	Address	Type of Action
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