## 19000258243

(Rec	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

SUBJECT:	Moving and	Packing Services LEC		
· ·		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tandakwa Walker		
		-	Name of Person	
		Moving and Packing Servi	ces LLC	
			Firm/Company	
		1509 NW 3rd Way		
			Address	
		Pompano Bch, FL 33060		
		<del></del>	City/State and Zip Code	<del></del>
		movingpackingservices@gr		
		E-mail address: (	to be used for future annual repor	t notification)
For further in	iformation c	oncerning this matter, please ca	all:	
Tandakwa W	Valker		954 515-933	9
	Name of	Person		nytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)

Registration Section

Division of Corporations

TO:

Mailing Address: 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

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appointed Liability Company	ears on our records.)	<del>,</del>
The Articles of Organization for this Limited Liability Completion of Complete Liability			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
he new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	-	_ <del></del> .	
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		Es En
			1
			第三
nter new mailing address, if applicable:			2 1
Mailing address MAY BE A POST OFFICE BOX)			
			: 25
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our	records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		_	
New Registered Office Address:			
	Enter F	lorida strect 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>	<u>Name</u>	Address	Type of Action
AMBR	Tandakwa Walker	1509 NW 3rd Way Pompano Bch, FL 33060	<b>=</b> Add
			□Remove
			□ Change
			□Remove
			□ Change
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fan eff <mark>Note:</mark>	ive date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
d is til	January 8 2020
d is til	January 8
d is til	
record is fill	January 8  2020  Signature of a member or authorized-representative of a member