## 49000260367

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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MAR 0 2 2020 S. YOUNG TALLAHASSEE, FLORIDA

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## **COVER LETTER**

|                             | Name of Lim                                     | ited Liability Company  |  |
|-----------------------------|---|---|--|
| The enclosed Articles of    | Amendment and fec(s) are sub                    | mitted for filing.  |  |
| Please return all correspo  | ondence concerning this matter                  | to the following:   |  |
|                             | Franco Paradiso                                 |   |  |
|                             |   | Name of Person  |  |
|                             | <del></del>                                     | Firm/Company  |  |
|                             | 4210 Middle brook #622                          |   |  |
|                             |   | Address   |  |
|                             | Orlando, FL 32811                               |   |  |
|                             | fjservices7@gmail.com                           | City/State and Zip Code   |  |
|                             | E-mail address: (                               | to be used for future annual report noti                                  | fication)  |
| For further information c   | oncerning this matter, please c                 | afl:  |  |
| Franco Paradiso             |   | 407 613-6088  |  |
| Name o                      | f Person  | Area Code Daytime   | e Telephone Number   |
| Enclosed is a check for the | he following amount:                            |   |  |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

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

| F J MOVING SERVICES, L.L.C.   |   | 7020<br>ords                      |
|---|---|-----------------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on our reco<br>Liability Company) | rds.) CSSS E                      |
| The Articles of Organization for this Limited Liability Company   | were filed on 10/28/2019                                | ASSIGNED and assigned             |
| Florida document number L19000260367  |   |                                   |
| This amendment is submitted to amend the following:   |   |                                   |
| A. If amending name, <u>enter the new name of the limited liah</u>  | oility company here:                                    |                                   |
| The new name must be distinguishable and contain the words "Limited Liabi<br>Enter new principal offices address, if applicable:<br>(Principal office address MUST BE A STREET ADDRESS) | Hity Company," the designation "LI                      | LC" or the abbreviation "L.L.C."  |
|   |   |                                   |
| Enter new mailing address, if applicable:   | <del> </del>  |                                   |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u> </u>  | <del></del>                       |
|   |   |                                   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, <u>ent</u> s                    | er the name of the new registered |
| Name of New Registered Agent:   |   |                                   |
| New Registered Office Address:  |   |                                   |
|   | Enter Florida street addi                               | ress                              |
|   |   | 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address                     | Type of Action  |
|--------------|---------------------|-----------------------------|-----------------|
| MGR          | HERNANDEZ, JAMES, O | 4607 KIRKMAN ROAD UNIT 4206 |                 |
|              |                     | ORLANDO FL 32811            | <b>≡</b> Remove |
|              |                     |                             | [□Change        |
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|              |                     |                             | □Change         |

| . 11 ame            | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an eff<br>Note: | ve date, if other than the date of filing:  [1/31/2020]  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| the recor           | 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 ed.  |
| Dated               | JANUARY 31 2020   |
|                     | - Manco Paradiso  |
|                     | Signature of a member or authorized representative of a member  |
|                     | Franco Paradiso   |