

L200000 72655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

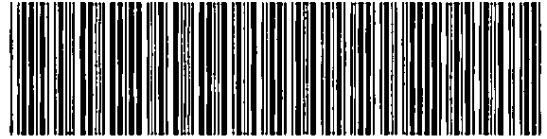
(Business Entity Name)

(Document Number)

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2020 AUG 25 PM 6:24

OCT 08 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARMSTRONG RELOCATION SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

DAVID ESPINOSA

Name of Person

ARMSTRONG RELOCATION SERVICES LLC

Firm/Company

2637 E ATLANTIC BLVD SUITE 1140

Address

POMPANO BEACH FL . 33062

City/State and Zip Code

OPERATIONS@ARMSTRONGRELOCATIONSERVICES.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

DAVID ESPINOSA      754      333-7771  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount

- ☒ \$25.00 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)

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**

**ARMSTRONG RELOCATION SERVICES LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/04/2020 and assigned  
Florida document number L20000072655

This amendment is submitted to amend the following:

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

**ARMSTRONG RELOCATION SERVICES LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2637 E ATLANTIC BLVD STE 1140

**(Principal office address MUST BE A STREET ADDRESS)**

POMPANO BEACH, FL 33062

Enter new mailing address, if applicable:

2637 E ATLANTIC BLVD STE 1140

**(Mailing address MAY BE A POST OFFICE BOX)**

POMPANO BEACH, FL 33062

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID ESPINOSA -- 100% Owner - Managing Member

New Registered Office Address:

2637 E ATLANTIC BLVD STE 1140

Enter Florida street address

POMPANO BEACH, FL

Florida 33062

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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

|      |                |                               |   |
|------|----------------|-------------------------------|---|
| AMBR | DAVID ESPINOSA | 2637 E ATLANTIC BLVD STE 1140 | <input checked="" type="checkbox"/> Add |
|------|----------------|-------------------------------|---|

- 100% Owner

- Only Managing Member.

POMPANO BEACH, FL 33062

☐ Remove

☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN- 85-0906232

\*\*\*\*\*PUT DAVID ESPINOSA UNDER AUTHORIZED PERSONS(S) DETAIL \*\*\*\*\*

I AM THE OWNER ... BANK CHASE TOLD ME THAT KNOW WHERE IT SHOWS I AM THE OWNER

I WAS NOT UNDER AUTHORIZED NOR DID IT SSAY OWNER ANYWHERE...

IT ONLY SAID MEMBER OR REPRESENTATIVE AND I WASNT AUTHORIZED

THANK YOU FOR YOUR TIME AND ASSISTANCE

RESPECTFULLY, DAVID ESPINOSA

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\* David Espinosa is Authorized

\* 100% Owner

\* Managing Member.

E. Effective date, if other than the date of filing: 03/04/2020 (optional)

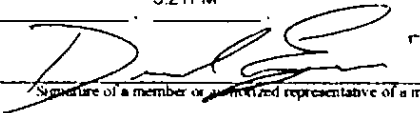
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60A-0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed

Dated 05/05/2020

3:21PM



Signature of a member or authorized representative of a member

DAVID ESPINOSA

Typed or printed name of signee

Filing Fee: \$25.00