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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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TO: Registration Se Division of Cor			
SUBJECT: ARMS	Name of Limit	TION SERVICES, L	.LC_
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter t	g the following.	
	David E	Name of Person	 _
	ARMSTRON	Firm/Company	ERVICES, LLC
	12080 S	W. 127 HAVE., S	TE B-1-141
		City/State and Zip Code	
	E-mail address: (1	OT 120 NE LOCATION	SERVICES COM
For further information c	oncerning this matter, please ca	all:	
DAVID F	F Person	at (<u>754</u>) <u>333-</u> Area Code Daytim	フフフ\ e Telephone Number
Enclosed is a check for the	he following amount:		
(12 \$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

TO ARTICLES OF ORGANIZATION

ARMSTRONIS KELOCATION	DERVICES LLC
Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
(A Piona Elimea Eli	2
(Name of the Limited Liability Company (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company w	vere filed on 03/04/2020 and assign
Florida document number <u>L200000 72655</u> .	<u> </u>
	<u>P.</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	·
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	12914 SW 133°CT - STE'B"
(Principal office address MUST BE A STREET ADDRESS)	MIAMI - FLORIDA 33186
Enter new mailing address, if applicable:	12080 SW 127 "AVE,
(Mailing address MAY BE A POST OFFICE BOX)	STE 13-1-141
(Mulling dataress MAT DE ATOST OF FICE BON)	MiAMI-FLORIDA 33186
	MIARY - PLORIDA 33 10 0
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	
	A. Espimosa
New Registered Office Address: 12080	Enter Florida street address MTAHI, FL 331
MIA	City , Florida 33\86 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed	from our records:		
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
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	N/A
Note	flective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.
Date	NOVEMBER DY, 2000
	Signature of a member or authorized representative of a member
	DAVID ESPÍNOSΔ Typed or printed name of signee