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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Real Estate Management & Moving Solutions, LLC SUBJECT: 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: Melissa Hicks Name of Person Real Estate Management & Moving Solutions, LLC Firm/Company 1865 Gibsonia Galloway Address Lakeland, FL 33810 City/State and Zip Code Managedsolutions 11@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Hicks Daytime Telephone Number Name of Person Enclosed is a check for the following amount: € \$25.00 Filing Fee □ \$30.00 Filing Fee &  $\square$  \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Estate Management & Moving Sol	
(Name of the Limited 1	Jability Company as it now appears on our records.) Torida Limited Liability Company)
,,,,	311120
The Articles of Organization for this Limited Liabil	lity Company were filed on and assigned and assigned
Florida document number L20000079778	·
This amendment is submitted to amend the following	រតិ:
A. If amending name, enter the new name of the	e limited liability company here:
Real Estate Concierge Services	
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	A.
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	V)
174 Marie Ma	S: 50
	PALL TALL
D. 16	stered office address on our records, ente <u>r the</u> name <u>of the</u> new registëre
agent and/or the new registered office address h	ere:
agent and/or the new registered office address to	The second of th
Name of New Registered Agent:	
N 5 1 1005 111	구
New Registered Office Address:	Enter Florida street address
_	Florida
	$C(n)$ $Z_{10}, C_{20}$ $I_{20}$

## 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 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
			□Add
			□Remove
			□Change
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fective date, if other than the meffective date is listed, the date must be: If the date inserted in this blocument's effective date on the D	t be specific an ock does not i	id cannot be price meet the appli	icable statutor			ing.) Pursuant to	
ecord specifies a delayed effectivis filed.	e date, but no	t an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
ted August 3		2022	·				
(n)	(						
Millian	Signature of a	member or aut	horized represe	ntative of a mer	nher		-