Division of Corporations Electronic Filing Cover Sheet

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Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOVING PRO LOGISTICS LLC

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

RUG G RODA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOVING PRO LOGISTICS LLC		
(Name of the Limited Unbility Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L20000099612</u>	ony were filed on 04/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office.	ice address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		O
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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>	Name	Address	Type of Action
MGR	WILLIAM NAVARD	509 SW 2nd PL	□Add
		POMPANO BEACH, FL 33060	-
			□Change
MGR TERESA GLENN	TERESA GLENN	685 ASBURY ST	DAdd
	POMPANO BEACH, FL 33060	■ Remove	
			Change
		🗆 Add	
			□Remove
• •			
		and the state of t	DAdd
			□Remove
			☐ Chunge
	10 11 de 1400		□Add
		□Remove	
			Change
			①Add
			□Remove
			☐ Change

If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
-	

Note: If the date inserted in this b	e date of filing:
the record specifies a delayed effecti cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUG 3	2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
JORDAN WALDMA	N
·	Typed or printed name of signee