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(Re	equestor's Name)	
(Ad	ldress)	-
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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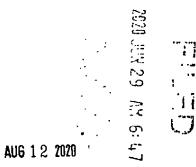
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S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	
CHD IECT.	Moving, LLC		
30BJEC1:	Name of Lir	nited Liability Company	
			¥
The enclosed Articles of Amendment and fee(s) are su		omitted for filing.	A design of the second
Please return all correspondence	ondence concerning this matter	to the following:	•
	Byron Wolfe		
		Name of Person	
	Black Tie Moving		
		Firm/Company	
	3728 Keystone Ave		
		Address	
	Nashville, TN 37211		
	byron@blacktiemoving.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please of	all:	
Byron Wolfe		931 237-6540 at ()	
Name of Person			me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	- Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Tie Moving, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 16, 2020 Florida document number 1.20000104772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLACK TIE MOVING ORLANDO, LLC The new name must be distinguishable and contain the words "Limited Liability Compány," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
CFO	BYRON WOLFE	3728 KEYSTONE AVE	
		NASHVILLE, TN 37211	□Remove
			□Change
COO JONA	JONATHAN CALDWELL	3728 KEYSTONE AVE	■Add
		NASHVILLE, TN 37211	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an eff l <u>ote:</u>	ive date, if other than the date of filing:
	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 led.
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l is fi	led.
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