idadeparament of the Division of Com-

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000271303 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRUDENTIAL VAN LINES LLC Certificate of Status

Certified Copy 04Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Y SHEKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRUDENTIAL VAN LINES I.L.C		
(Name of the Limited Lightlity Compu- (A Florida Limited I	ny as il now appears on our records.) Linbshty Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000131123</u>	were filed on <u>06/29/2020</u>	_and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abbre	viation "L.1C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDRESS)		7020
		5 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE ROX)		-> ; : !
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent.	- ,	2,6 1,4-1
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	uliar with and this document is

It 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
			CJAdd
			Remove
			D'Change
AMBR	MICHAEL J. PRISINZANO	707 NW 26th STREET	@ Ačd
		WILTON MANORS, FL 33311	□ Remove
			CChange
AMBR	WILLIAM NEVARD	707 NW 26th STREET	® Add
		WILTON MANORS, FL 33311	
• • • • •	•		
			E Add
			Remove
			OChange
		🖸 Add	
		DRemake	
			□ Change
and the same of th			OAM
			⊜ Remove
			©Change

ımending a	ny other informat	ion, enter chang	je(s) here: <i>(Al</i>	iach additional si	heets, if necessa	77	
,,							
					·	· 	
				,	······		
		-					
							
		g,,,					-
 					·—·		
					(option	al)	
	e, if other than the an is listed, the data ma date inserted in this b ffective date on the E			the of filing or mare the states ory filing reco	him 90 days after fil quirements, this d	ing.) Persuart to 60 ate will not be lis	1.0207 (red as t
	lies a delayed effecti			at 12:01 a.m. on ti	ne earlier of: (b)	The 90th day aft	er the
Died			-n				
. 104.5.0	/s/Torasa						
	, 97 50	Signature of a me					

Typed or printed name of signed