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(Requestor's Name)					
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COVER LETTER

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are room		AWAY USA, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for tiling.		
Please returi	all correspo	ondence concerning this matter	to the following:		
		LUCAS JACKSON			
			Name of Person		
		MOVING AWAY USA. L	LC		
			Firm/Company		
		9314 FOREST HILL BLV	D., STE 663		
			Address		
		WELLINGTON, FL 33411			
			City/State and Zip Cod	ie	
		info@movingawayusa.com F-mail address: ()	o be used for future annu	al report notificat	ion)
For further i	nformation c	oncerning this matter, please or			,
LUCAS JA	CKSON			929-3884 x 782	
	Name o	f Person	at () _ Area Code	Daytime Te	lephone Number
Enclosed is	a check for th	he following amount:			
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Address			Address: stration Sectio	n
	vision of C D. Box 632	Corporations 27	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOVING AWAY USA, LLC

1.4 SE 10 ET 5:43

(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 ______08/04/2020 and assigned Florida document number _____L20000234604 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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

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 2223 Str 19 P.1 5: 1-3	Type of Action
MGR	Jenny De La Rosa Tincopa	9314 Forest Hill Blvd., Ste 663	= Add
		Wellington, FL 33411	□Remove
		9314 Forest Hill Blvd., Ste 663	■ Change
MGR	Lucas Jackson	Wellington, FL 33411	
			□Remove
			∐Change
			□Add
			□Remove
			□ Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
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			□Add
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			Chanco

	
	
e date, if other than the date of filing:	(optional)
etive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statunt's effective date on the Department of State's records.	
specifies a delayed effective date, but not an effective time, at 12 d.	::01 a.m. on the earlier of: (b) The 90th day after the
/26/2020	
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Typed or printed name of signee