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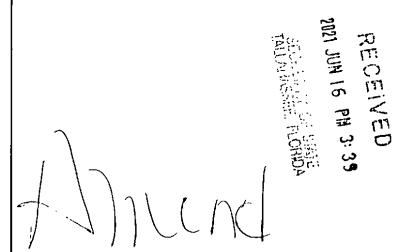
(Requestor's N	ame)
(Address)	
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(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Entit	y Name)
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Certified Copies Certif	icates of Status
Special Instructions to Filing Office	er:





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JUN 1 7 2027 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/16/2021	₩WALK IN
ENTITY NAME MAYFLO	WER RELOCATION SERVICES LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy Certified Copy Certificate of Status
***************************************	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	ON
TOTAL OWED \$25.00	ACCOUNT #: I20160000072
Please call Tina at th	above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The same of the sa

Mayflower Relocation Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	ار المراجعة
The Articles of Organization for this Limited Liability Company	were filed on 03/02/2021	and assigned
Florida document number L21000101213		
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 Liabil	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	500 S Australian Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Ste. 600 PMB 1053	
	West Palm Beach, FL 33401	
Enter new mailing address, if applicable:	500 S Australian Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Ste. 600 PMB 1053	
	West Palm Beach, FL 33401	<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
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 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>	Name	<u>Address</u>	Type of Action
AMBR	Gavin L Cain		Add
			Remove
		5447 Palm Springs Ln. Boynton Beach, FL 33437	■ Change
			Add
			Remove
		<u>-</u>	☐ Change
			Add
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f an efl	ive date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Bavin Cain
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Gavin L Cain, Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00