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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ښ

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future

**Enter the email address for this business entity to be used for future

Enter the email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CYCLONE MOVING P&R LLC

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JUL 15 2022

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number $\frac{L2100026019}{L}$	iability Company were filed on 06/04/2	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:		enter the name of the new regist
	7901 4th St N STE 300	
New Registered Office Address:	Enter Florida stree	t address
	St. Petersburg	Florida 33702
	City	式pi_Codw

New Registered Agent's Signature, if changing Registered Agent:

CYCLONE MOVING P&R LLC

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Miguel A Ramirez	10905 SW 112 AVE # 22	L4b □Add
		MIAMI, FL 33176	X ⊓Remove
			□Change
AP	Hector Pezzarossi	115 Mark Twain 1 APTO #2	
		River Ridge, LA 70123	□Remove
			X iChange
			🗀 Add
			□Remove
			□Change
			□Add
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			□Remove
			Change
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			□Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed. Dated O7/14 2022 Relief O7/14 2022		
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		Signature of a member or authorized representative of a member
Riley Park		Typed or printed name of signee

Filing Fee: \$25.00