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	(City/State/Zip/Phone #)
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· ·	(Document Number)
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	P.O. Box 37066	6 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666
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# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: PRESIDENTIAL VAN LINES, LLC Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
11	return all correspondence concerning this matter to the following:	
	John Mamone Name of Person	
1	PRESIDENTIAL VAN LINES LLC Finn/Company	
1	12420 NW 815+ 5+ Address	
1	Parkland, FL 33076	
	City/State and Zip Code  10 fo Q 91 CS 1 9 Conf 19 mo ve, com  E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person at (954) 903-8096  Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
	00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Book \Bigcup \\$55.00 Filing Fee & Book \Bigcup \\$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

- PRESIDENTIAL Van Line.	S, LLC.		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited Liability Company were filed	on <u>08/03/202</u> 1	and assig	med
Florida document number <u>L 21 000 350 893</u>	, ,		,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	ny here:		
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbre-	viation "L L	<u> </u>
Enter new principal offices address, if applicable:		L.G.	
(Principal office address MUST BE A STREET ADDRESS)		70'	<del></del>
		1	:
Enter new mailing address, if applicable:		1	
(Mailing address MAY BE A POST OFFICE BOX)		127	1 1
-		 සා	
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the	name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	_		
Enter	r Florida street address		<del></del>
	, Florida		
City New Registered Agent's Signature, if changing Registered Agent:	7.	ip Code	
- I 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 or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of eacl	person being added
   MGR = M	•		
Title	<u>Name</u>	Address	Type of Action
MGR	John Mamone	12420 NW 81 St St	🗖 Add
		12420 NW 8154 St Parkland, FL 33076	Remove
[   <u> </u>			Change
PP	John Mamone	12420 NW 8181 St Parkland, Fl 33076	<b>X</b> Add
		Parkland, Fl 33076	Remove
			Change
			🗆 Add
			□ Remove
			Change
			🖸 Add
<b>∤</b>			□ Remove
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4   !			_□ Change

D. If among	ling one other information and the control of the c
D. Hamen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1
<u> </u>	
1	
E. Effective	date, if other than the date of filing:
Note: If the	re 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 605.0207 (3) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a listed of the prior to date of the
	s effective date on the Department of State's records.
f the record b) The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	NOV 4 202/
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	John Mamone Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3
11	

**Filing Fee: \$25.00**