L21000 362 471

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, , , , ,					
PICK-UP WAIT MAIL					
(Quinna Fath, Nama)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





800425686368

03.18/24--01025--024 **25.00

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations				
CHD IECT.	AMERICAN VAN LINES OF SF, LLC Name of Limited Liability Company					
SUBJECT:						
The encloses	I Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ELIAS R. HILAL				
		Name of Person				
	LAW OFFICE OF ELIAS R. HILAL, P.A.					
	Firm/Company					
		12 SE 7TH STREET, SUITE 700				
	Address					
		FORT LAUDERDALE, FLORIDA 33301				
		City/State and Zip Code				
		ELIAS.HILAL@ERHLAW	COM to be used for future annual report noti	Carrier)		
For further in	nformation co	oncerning this matter, please ca		ncauony		
ELIAS R. H	ILAL		954 463-2065			
Name of Person			at () Area Code Daytim	e Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 H	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Se				
■ \$25.00 F	a check for th Filing Fee iling Address gistration S	e following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address:	S60.00 Filing Fed Certificate of Sta Certified Copy (additional copy is e		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

U 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>	<u>Address</u>	Type of Action
P	AMVL MANAGEMENT	1525 NW 3RD STREET	□Add
		DEERFIELD BEACH, FL 33442	≣Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
		<u></u>	Remove
			Change
			□Add
			□Remove
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			Remove
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			□Add
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