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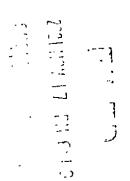
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Seeding Normality)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Maying L Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Erwin,	Cynthia A Name of Person
Tri Mo	Firm/Company
751 N	Pine Island Rd #106
Plantation	City/State and Zip Code
Cynthia C	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Cynthia Erwin Name of Person	at (786) 720 4245 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 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 Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tri Moving LLC			
(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 $10/27/2-66$ Florida document number $22-1000467666$	<u>}_</u> a	nd assig	ned
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	abbreviat	ion "L.L.C	2."
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, <u>enter the na</u> agent and/or the new registered office address here:	me of t	he new 1	<u>register</u>
agent and/of the new registered office address here.		- >	
Name of New Registered Agent:	1 3	5.3	
New Registered Office Address:		3	- 1
Enter Florida street address		<u> </u>	
Florida _		न्हा 	
City	Zip	Codes	-1
New Registered Agent's Signature, if changing Registered Agent:	٠,	·	

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>	<u>Name</u>	Address	Type of Action
CEO	Erwin, Gynthias	751 North Pine Island	2 □Add
		#106	Remove
		Plantation, F1 33324	□Change
AMBR	Erwin, Cynthia A	751 North Pine Island	_ □Add
		#106	□Remove
		Plantation Fl 33324	□Change
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Tective date, if other than th an effective date is listed, the date moote: If the date inserted in this becument's effective date on the l	ust be specific and cannot be problem. But the app	olicable statutory fili	(optio more than 90 days after ng requirements, this	filing.) Pursuant t	o 605.020 e listed a
record specifies a delayed effecti is filed.	ive date, but not an effectiv	re time, at 12:01 a.m	on the earlier of: (b)	The 90th day	after the
uted Navember 1	10 200	<u>H</u> .			
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	Signature of a member or a	uthorized representative EYWIV	e of a member		_