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Y. SCOTT FEB 1 9 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: MOL	intem Up Mc	overs LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bertony	Gelin Name of Person	<u>.</u>
		N UP MOVERS FIRM/Company	
	3500 Pos	ner Blvd #10	46
	Davenpor	+ FL 3383	2022 FE SECRE TALL
	Mounteme E-mail address:	City/State and Zip Code 1 1 movers 1 @a ma (to be used for future annual report notion	id.com SSE
For further information c	concerning this matter, please of		fication) SEE, FL
Bertony	Gelin of Person	at (407) 724- Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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		Street Address:	ation
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mountem Up N	novers LL	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100533301</u> . This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 FEB II PH 2: I
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:		
The state of the s	Enter Florida stree	t address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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
AMBR	Bertony Gelin	3500 Posner Blvd # 1046 Davenport FL 33837	≥_ √Add
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			□Remove
			Change
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		TAL AHASSEE, F	P Change
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ocument's effective	date on the Department	of State's records.					
record specifies a de	clayed effective date, but	t not an affective ti	ma at 12:01 a.m. o	n the corline of 1	ե\	Oth days a Gas	- 1 ba
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ated <u>Febr</u>	Benture Signature	a member or author	prized representative of	of a member	•		