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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Bull-Fo	orce Movers and Multi Name of Lin	SCRVICES LLC nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Anya Payne Dani Bull-Force Movers	Name of Person			
		Firm/Company	,		
	3210 SW 65th A	Address		2024 APR 10 SECRETAR TALLAIR	_
	Miranar, Florida	22022		ETA ETA	• •
	1 mental, torrect	City/State and Zip Code		第 6	
	DGARYIN34@YAH	DD.CCM to be used for future annual report noti		49 = 1	,
	E-mail address: (to be used for future annual report noti	fication)	$\mathbb{T}_{\mathcal{D}} = \mathfrak{S}$	
For further information c	oncerning this matter, please c	all:			
Anya Pryne-Daniel	f Person	at (754) 215-011 Area Code Davtim	8 c Telephone Number		
Enclosed is a check for th	ne following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Sec Division of Cor			
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pull-Force Movers and Multiservice (Name of the Limited Liability)	es, LLC	
(A Florida Li	mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on <u>lanuan</u>	10, 7022 and assigned
Florida document number L22000018271		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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 applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202:
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Enter new mailing address, if applicable:		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Ciţv	Zip Code

New Registered Agent's Signature, if 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 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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to de	(optional) ate of filing or more than 90 days after filing.) Pursuant to 6	605.020°
te: If the date inserted in this block does not meet the applicable turnent's effective date on the Department of State's records.	statutory filing requirements, this date will not be I	isted as
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cord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
s filed.		
and Mari 15 20211		
ted March 15, 2024 ,		
Signature of a member or authorize		

Filing Fee: \$25.00