Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000244285 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120048000007 Phone : (305)640-0281

Fax Number : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ALL SEASON MOVING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX JUL 2 0 2022

From: LAXMY CHAI

COVER LETTER

TO: Registration Sec Division of Corp			
	ON MOVING LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	ALFREDO J ANGULO		
		Name of Person	
	ALL SEASON MOVING I	LLC	
		Firm/Company	
	20500 W COUNTRY CLU	JB DR 119	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	LAXMYSCARRIERSERV	ICE@GMAIL.COM to be used for future annual report no	otification)
For further information c	oncerning this matter, please of		
LAXMY CHACON		305 640-0281	
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
圖 \$25.00 Filing Fee	Certificate of Status		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration S Division of C	Section
Division of C P.O. Box 633		The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	aroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL SEASON MOVING LLC	
(Name of the Limited Liability Comps	any as it now appears on our records.) Liability Company)
	,
The Articles of Organization for this Limited Liability Company	y were filed on DI/II/DOZZ and assigned
Florida document number L.22000023622	
Tiona accument mander	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
The second of th	
Enter new mailing address, if applicable:	67 ~ ~
(Mailing address MAY BE A POST OFFICE BOX)	222
	and a sour records onto the name of the name revisiters
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
agent and/of the new registered office as a second	PH
	<u> </u>
Name of New Registered Agent:	72
New Registered Office Address:	ָם: טו
 	Enter Florida street address
	, Florida
	City 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 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

Title	Name	Address	Type of Action
AMBR	ANTHONY MASSA	210 N 31ST AVE	BAdd
		HOLLYWOOD, FL 33021	(T)
			□Change
MGR ANDRE TEFILOVIC	ANDRE TEFILOVIC	19860 W DIXIE HWY	□Add
	MIAMI, FL 33180	=n	
		☐ Change	
			⊡Add
			□Remove
		☐ Change	
		□Add	
			□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
		_	

From: LAXMY CHA

• •	
Note	tive date, if other than the date of filing: (optional) (Rective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
ne rece ord is	ard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 07/18 2022
15414	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature of a member or authorized representative of a member