Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number : I20090000059 Phone : (786)380-3472 Fax Number : (786)320-6879

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

Email	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUNTRY MILE MOVING LLC

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

Electronic Filing Menu Corporate Filing Menu

Helps 20 2023

K. Brumbley

COVER LETTER

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SUPERIOR OF		-		
SUBJEC	:T:	Name of Limi	ted Liability Company	
The enclo	Country Mile Moving LLC			
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sher, Daniel J		
			Name of Person	
		Country Mile Moving LLC		
			Firm/Company	
		500 West Cypress Creek R	oad ste 550	
			Address	
		Fort Lauderdale, FL 33309		
			•	
				otification)
For fireth	ser information o			. ,
		Server many transfer of the server of the se		
		of Person		ime Telephone Number
Enclosed	d is a check for t	he following amount:		
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	P.O. Box 63			f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUNTRY MILE MOVING LLC		
(Name of the Limited Liability Comp (A Florida Limited	hany as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/11/2022	and assigned
Florida document number L22000025502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.I.,C."
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 agent and/or the new registered office address here:	ee address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	THE PROPERTY OF THE PROPERTY O
	, Florid	la III co
A Company of the Comp	City:	
New Registered Agent's Signature, if changing Registered Age	nt:	-

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 heing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David E Fields	5881 Preston View BLVD APT 263	<u></u> ⊞ Add
		Dallas, Texas 75240	□Remove
			□ Change
			□Add
			🗆 Remove
			☐ Change
			☐ Add
			Remove
			□Add
			□Remove
			Change
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			□ Remove

mending any other informatio				
				
				
				
				
				
			<u></u>	
Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Decomment's	ck does not meet the applic	able statutory filing req	(Optional) an 90 days after filing.) Pursuan uirements, this date will not	t to 605,020 be listed as
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12;01 a.m. on the	e earlier of: (b) The 90th d	ay after the
ated	. 2023			
	Shan, Da Signature of a member or auth	niel Q		
<u></u>	Signature of a member or auth	orized representative of a	member	
Sher, Daniel J				

Filing Fee: \$25.00