LZZ 000105320

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
MAY 1 2 2022
5/3/22

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FLORIDA DEPARTMENT OF STATE 2022 MAY -3 PM 1:07 Division of Corporations SECRELARY TALLAHASSEE, FI

Letter Number: 322A00008258

April 8, 2022

DONALD LINA 621 NW 53RD ST STE 125 BOCA RATON, FL 33487

SUBJECT: VERIFIED MOVING PROS LLC

Ref. Number: L22000105320

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please provide an address for MGR-DONALD LINA.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
subject:\	erified Mov	My Pros L-LC ited Libility Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Donwd	Cind Name of Person	
		Firm/Company	
	<u>U21 NW 6</u>	53rd St Stell	5
	BO(Q Rat	on Fl 3348=	7
	into Overti E-mail address: (City/State and Zip Code One of the Code o	Cation)
For further information co	oncerning this matter, please ca	all:	
Donald Name of	Person	at (<u>0.54</u> <u>0.65</u> Area Code Daytime	7–5270 Telephone Number
Enclosed is a check for th	ne following amount:		
7 \$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)
Mailina Addras	e.	Stead Addrage	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

	U			
Verified You (Name of the Limited)	Liability Compar Florida Limited I	ny as if now appears on o	SECRETARY TALLAHAS	PM 5: 22 OF STATE
The Articles of Organization for this Limited Liab Florida document number <u>L 220001</u>	oility Company	were filed on <u>3</u> [[22	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabi	llity company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	ity Company," the designa COLURATE	tion "LLC" or the s	S16 125 331 87
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	621 NW BOCA RA	53 rd st	- SHE 125 33487
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our record	ls, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent: New Registered Office Address:	Dona UZI N	JW 53rd SI	-25+0 125	
	BO (A	RUTON	Florida	33467 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

JIf 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>	Name	Address	Type of Action
MGR	bonald Lina?	621 NW 53rd St Unit	125/Add 1
		BOCA RATON FL 3348	Remove
			□Change
MGR	Dunald L Javier		□Add
			Kemove
			Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			DChange

<u> </u>	
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f an effec <u>Note:</u> - If	e date, if other than the date of filing:
record : d is filed	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
	March 17 2022
Dated	10/11/11/11

Typed or printed name of signee