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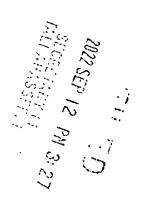
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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Registration Section

TO:

Division of Corp	orations		
SUBJECT: BOSE	MOVES DE	EXTUNITY FY	eight Services LL-C
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		S L. Arders	
	Boss Mo	VES Express	· LLL
	1872 NW	J 52nd AVR Address	<u>, , , , , , , , , , , , , , , , , , , </u>
	Lauderhil bige 9	City/State and Zip Code Grad to be used for future annual repor	Com
For further information co	ncerning this matter, please of		
TOM K	O Anderson Person	at (<u>754</u>)	36-6173 nytime Telephone Number
Enclosed is a check for the	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 Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boss moves Dispatchi	ing Freight Services LLC.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200</u> <u>2533</u>	were filed on $ U 2 ZO22 $ and assigned
This amendment is submitted to amend the following:	2 PP
A. If amending name, enter the new name of the limited liab	ility company here:
BOSS Moves	S EXPRESS LLC &
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1872 NW 52nd AVE
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FC 33313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1872 NW Sand Ave. Fort Lauderdaie, FL 333
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
<u>-</u>	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 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>	Name	Address	Type of Action
<u>CEC</u>	Temito Arrerson	1872 Nu SZIN AIE FOR landerthe, FL 3	©Add
		FOR landerthe, FL3	3313 Remove
			□Change
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			□Remove
			□ Change
			□Add
			□Remove
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			Remove
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			□ Remove
			- a

	
(If an e <u>Note</u>	effice date, if other than the date of filing:
he reco	ord 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.
Dated	1 <u>Sep-1-7</u> 2022
	Toute Andrew
	Signature of a member or authorized representative of a member
	Tomiko Arderson

Filing Fee: \$25.00