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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Boss MOVES CONNECTIONS AGENCY (LCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carla Harris Name of Person	
Firm/Company	
8139 Old Troy Pike 1048	2021 (20)
Huber Heights OHIO 45424 City/State and Zip Code	20 🔠
E-mail address: (to be used for future annual report notification)	9: 9: 3: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8:
For further information concerning this matter, please call:	
Carla Harris Name of Person at (214), 482-1403 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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 OF

(Name of the Limited Liability (A Florida L	Company as it now appear	urs on our records.)	<u> </u>		
(A Florida I.	imited Liability Company)				
The Articles of Organization for this Limited Liability Cor	npany were filed on _@	56/13/202	بر	and assi	igned
Florida document number <u>L22000269</u> 224	,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company h	ere:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or t	he abbrevi	ation "L.l	C."
Enter new principal offices address, if applicable:					
• •			··	<u> </u>	
Principal office address MUST BE A STREET ADDRE	<u> </u>	·			<u>-</u>
			- ;	7117	
			-, <u>-</u> :,	. J Č	
Enter new mailing address, if applicable:		·······	* ,	<u>(3)</u>	• •
(Mailing address MAY BE A POST OFFICE BOX)				20	
					. 3
				9.	
B. If amending the registered agent and/or registered of	office address on our i	records, <u>enter the</u> i	name of	the new	registere
agent and/or the new registered office address here:					
Name of New Registered Agent:			-		
New Registered Office Address:					
New Neglacied Office Address.	Enter Flo	rida street address			
	City	, 1 1011uz		p 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 address or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = Auth	norized Member		
<u>Title</u>	Name	Address	Type of Action
M6-15	Carles Harris	5139 Cla Tray Pike	□ Add
		Huber Heights OHICTS	/// □Remove
			Change
<u> </u>			🗆 Add
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mending any other information, enter change(s) here: (Attach additi			
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	(option more than 90 days after fi ling requirements, this o	ling.) Pur	suant to 605.020 not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	n. on the earlier of: (b)	The 90	th day after th
ated the December, 2002.			
Signature of a member or authorized representate	ive of a member		
(actor Figer) Typed or printed name of signor			