L22000482964

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COVER LETTER

	egistration Se ivision of Cor				
(** 1 1 1 1 1 1 7 7 7 °**		AR MOVING & STORAGE L	LC		
SUBJECT	:	Name of Lim	ited Liability Company	·	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		ROY MILDNER			
			Name of Person		
		MILDNER & ASSOCIAT	ES, P.A.		
	Firm/Company				
		423 DELAWARE AVENU	ЛE		
			Address		
		FORT PIERCE, FL 34950			
			City/State and Zip Code		
		RMILDNER@FLORIDAL			
		E-mail address: (o be used for future annual report notification)		
For further	information c	oncerning this matter, please of	ill:		
ROY MIL	DNER		772 464-8008		
	Name o	l'Person	at () Area Code Daytime Telepho	one Number	
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copyris enclosed)	
М	ailing Addres	ss:	Street Address:		
R	egistration S	Section	Registration Section	7.7	
		Corporations	Division of Corporation	ons	
	.O. Box 632		The Centre of Tallahas		
I.	allahassee, l	FL 32314	2415 N. Monroe Stree	t, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITE STAR MOVING & STORAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	v Company were filed on NOVEMBER 10, 2022 and assigned
Florida document number L22000482964	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
UNITED GLOBAL VAN LINES FLORIDA LLC	
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	red office address on our records, enter the name of the new register
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registe	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I firther agree to comply with the complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is ered office address. I hereby confirm that the limited liability ge.

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
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			□Remove
		<u> </u>	Z07:□Change
		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	음
		7	Remove

Tective 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 more than 90 days after filing.) Pursuant to 605.02 offer. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed						
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cument's effective date on the Department of State's records.	<u>ite:</u> If the date insert	ed in this block does	not meet the applica	o date of filing or more the statutory filing rec	ian 90 days after tili	ng.) Pursuant to 605.020
	cument's effective d	ate on the Department	of State's records.			
	ecord specifies a dela	iyed effective date, bu	t not an effective tin	nc, at 12:01 a.m. on th	ie carlier of: (b)	The 90th day after th

Filing Fee: \$25.00