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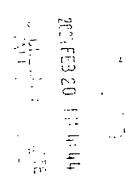
(Requestor's Name)
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COVER LETTER

	gistration Se vision of Cor		, ⁽⁴		•
SUBJECT:	ExpMovers	: : LLC			
SUBJECT:		Name of Lin	nited Liability Company		_
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	indence concerning this matter	to the following:		
		Hammad Abusuleiman			
			Name of Person		
		ExpMovers LLC			ZICH FEB
		-	Firm/Company		
		10320 COUNCILS WAY	TEMPLE TERRACE		6 20
			Address		
		TAMPA, FL 33617 UN			
		hammad.abusuleiman@icle	City/State and Zip Code		<u>;; </u>
			to be used for future annual repo	ort notification)	_
For further i	nformation co	oncerning this matter, please c	·	,	
Hammad A	busuleiman		239 26647 at ()	78	
	Name of	f Person		Daytime Telephone Num	ber
Enclosed is:	a check for th	e following amount:			
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certif d) Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
· ·	iling Address	- -	Street Addre		
	gistration S	section orporations	Registratio		
	D. Box 632			f Corporations of Tallahassee	
	llahassee. F			onroe Street Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Expiniovers LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y <u>as it now appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company value of Organization for this Organization for this Liability Company value of Organization for	were filed on 12/08/2023 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability"	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20.75
(Principal office address MUST BE A STREET ADDRESS)	
	0.2
	••••• •
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	က်
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	izmer i toriuu street aaaress
	, Florida

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			Add Remove
		 .	Remove
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			∏Chunga.

Page 2 of 3

(454110 - Online Stores)	
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filin	(optional)
If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	y filing requirements, this date will not be list
cord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earli
e 90th day after the record is filed.	
February 16 2024.	
	;
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