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(Requestor's Name)
(Address)
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(Document Number)
Certified Copies Certificates of Status
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FILED 2024 AUG 26 PH 12: 55

COVER LETTER

TO:	Registration Division of C	Section orporations		
SUBJEC	MAJECT	TC MOVERS & BUILDING S	OLUTIONS LLC	
	·· <u> </u>	Name of Li	mited Liability Company	
The enclo	sed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please ret	urn all corresp	oondence concerning this matte	r to the following:	
		SHIRLEY CHISHOLM (CAMPBELL	
			Name of Person	
		SAFEGUARD MULTI S	ERVICES LLC	
			Firm/Company	
		1080 CYPRESS PARKW	'AY	
			Address	
		KISSIMMEE, FL 34759		
			City/State and Zip Code	
		Sgafeuardmsl@gmail.com		
		E-mail address:	to be used for future annual report not	ification)
For further	information of	concerning this matter, please o	ealf:	
MARSHA	BARKER		904 452-3394 at ()	
	Name o	of Person		ne Telephone Number
Enclosed is	s a check for t	he 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)
Ri D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED 2024 AUG 26 PM 12: 54

MAJECTIC MOVERS & BUILDING SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 6/24/24	and assigned
Florida document number L24000285025		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
MAJESTIC JUNK REMOVERS & CARRIER SERVICE LI	LC	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
Now Projects and Association of the second s		Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605. F	l I am familiar with and 'S Or if this document is
	_	

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
			🗆 Add
			□Remove
			□Change
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Effective of	late, if other	than the dat	e of filing: _				(optional)	
		the date must be s d in this block o e on the Depart	ioes noi incei	one annuca	o date of filing ble statutory	or more than 9 filing require	0 1 0	.) Pursuant to 605.020 will not be listed as
			mom or State	3 records.				
record spe d is filed.	cifies a delay	ed effective dat	e, but not an	effective tin	ne, at 12:01 a	.m. on the ear	rlier of: (b) Th	e 90th day after the
a is mea.								•
Dated	8/19	124	·					
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Filing Fee: \$25.00