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COVER LETTER

Division of Corporations
SUBJECT: H&M Moving LLC Name of Limited Liability Company
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:
Louanni Galvani Ribeiro Name of Person
LGR Visa Strategy PLLC Firm/Company
66 W Flagler Street Suite 900#10702
Mizmi, FL 33130 City/State and Zip Code
Mismi, FL 33130 City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
is-mail address: (to be used for future annual report nonneation)
For further information concerning this matter, please call: Company Co
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ S30.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

Registration Section

TO:

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 Com	pany as it now appears on our records. d Liability Company)	.)
The Articles of Organization for this Limited Liability Compar	ny were filed on US/US/CC	225 and assigned
Florida document number <u>L25000366486</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
H&B MOVING LLC The new name must be distinguishable and contain the words "Limited Lia"		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	202
(Principal office address MUST BE A STREET ADDRESS)		The arrest
		162 N
Enter new mailing address, if applicable:		17.00 3 C
(Mailing address MAY BE A POST OFFICE BOX)		
	 	,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		Water 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
New Registered Office Address:	Exter Florida street address	
	THEF FIORMUSITEEL GUARESS	
	City, Flor	rida
N Danied and American Clause and Change Co		zip code

New Registered Agent's Signature, if changing Registered Agent:

WEBSIE

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

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date if an effective date is listed, the date must be sp. Note: If the date inserted in this block do document's effective date on the Department.	ecific and canno oes not meet th	e applicable s			filing.) Pursuant to 60	
e record specifies a delayed effective date rd is filed.	, but not an eff	fective time, a	t 12:01 a.m. or	the earlier of: (b)	The 90th day aft	er the
Manch 16	, _2	1075.				
Dated AUGUST 15						
Dated August 15 Lauryan Signal	ture of a membe	r or authorized	representative o	f a member		