

112000024700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

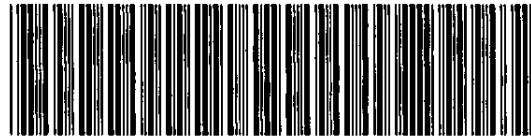
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OCT 19 2012

EXAMINER



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12 OCT 18 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moving Supplies on the Fly. LLC
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:

Jonathan Gonzalez
Name of Person

Moving Supplies on the Fly.
Firm/Company

4150 Eastgate Dr, Apt # 1312
Address

Orlando FL 32839
City/State and Zip Code

jon@movingsuppliesonthefly.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Gonzalez at (407) 353-9839
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Moving Supplies on the Fly.

(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 Company were filed on February 20, 2012 and assigned Florida document number L12000024700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Moving Guys And Supplies. LLC

The new name must be distinguishable and end with the words "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 ADDRESS)

4150 Eastgate Dr Orlando FL
32839 Apt # 7312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4150 Eastgate Dr Orlando FL
32839 Apt # 7312

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4150 Eastgate Dr Apt # 7312

Enter Florida street address

Orlando

Florida

City

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SECRETARY OF STATE

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dylan Jaidagian	100 W Grant St #5050 Orlando FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anthony Rizzo		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Darryl Sheppard	120 International Parkway Suite 128 Heathrow FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jonathan Gonzalez	4150 Eastgate Dr Orlando FL 32839 Apt # 7312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member
Jonathan Gonzalez

Typed or printed name of signee