

L14000041577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

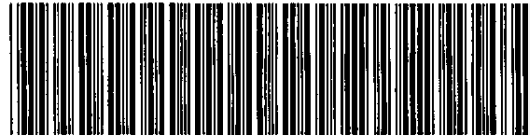
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100264260971

09/15/14--01022--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 15 PM 3:20

SEP 19 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mover Auto 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:

Nelson C. Reis

Name of Person

Mover Auto LLC

Firm/Company

1805 Ponce de Leon Blvd #125

Address

Coral Gables, Florida 33134

City/State and Zip Code

nelsonreis@moverexperience.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Barnett

Name of Person

855 505-2826

at ()

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

Mover Auto 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 Company were filed on March 12, 2014 and assigned Florida document number L14000041577.

This amendment is submitted to amend the following:

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

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: 1805 Ponce de Leon Blvd #125
Coral Gables, Florida 33134
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1805 Ponce de Leon Blvd #125
Coral Gables, Florida 33134
(Mailing address MAY BE A POST OFFICE BOX)

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: Nelson C. Reis

New Registered Office Address: 1805 Ponce de Leon Blvd #125
Enter Florida street address

Coral Gables, Florida 33134
City Zip Code

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 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.

Nelson C. Reis
If Changing Registered Agent, Signature of New Registered Agent

14 SEP 15 PM 3:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cibele T. Reis	701 Brickell Key Blvd Apt 503	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
 SECUR. FACT. OF CALIF.
 DIVISION OF CORPORATIONS
 14 SEP 15 PM 3:20

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

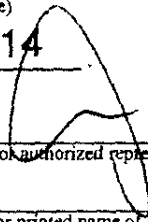
The address for Nelson C. Reis, Authorized Member,
has changed to the following address:

1805 Ponce de Leon Blvd #125
Coral Gables, Florida 33134

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 10, 2014



Signature of a member or authorized representative of a member
Nelson C. Reis

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 15 PM 3:20