

L11000014731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

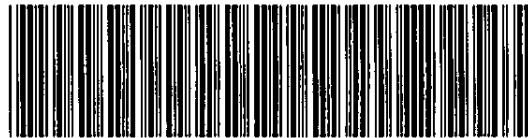
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 26 2013

D. BRUCE

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **DUNK CITY MOVING&DELIVERY**  
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:

**JOE PEREZ**

Name of Person

**DUNK CITY MOVING&DELIVERY**

Firm/Company

**248 DUNCAN LANE**

Address

**NORTH FORT MYERS 33903**

City/State and Zip Code

**CR714CR@GMAIL.COM**

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

For further information concerning this matter, please call:

**JOE PEREZ**

Name of Person

at **239 265-6179**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

C&J MOVERSLLC

(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 4/12/2013 and assigned  
Florida document number L11000014731.

This amendment is submitted to amend the following:

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

DUNK CITY MOVING&DELIVERYLLC

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)**

248 DUNCAN LANE

NORTH FORT MYERS FL 33903

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

248 DUNCAN LANE

NORTH FORT MYERS FL 33903

**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:

JOE PEREZ

New Registered Office Address:

248 DUNCAN LANE

*Enter Florida street address*

NORTH FORT MYERS, Florida 33903

*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 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**

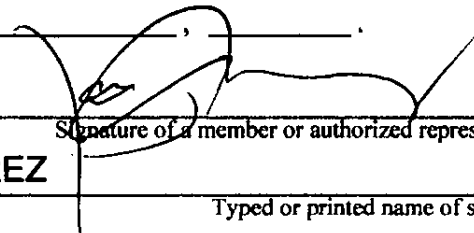
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOE PEREZ	248 DUNCAN LANE	<input type="checkbox"/> Add
		NORTH FORT MYERS FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**REQUESTING CHANGE OF THE EIN 90/0958832**

Dated **4/16/2013**

  
Signature of a member or authorized representative of a member

**JOE PEREZ**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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