

112000024700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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@movingsuppliesonthe-fly.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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12 OCT 18 PM 1:20  
TALLAHASSEE, FLORIDA

**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