

#L/2000139080

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 13 2012

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/11/12

NAME: BIG HEART MOVERS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2012

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BIG HEART MOVERS LLC
Ref. Number: L12000139080

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DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2012 DEC 12 PM 4:13
NO FEE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for BIG HEART MOVERS LLC and your check(s) totaling . However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 712A00029373

*Please retain original
file date*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Heart Movers 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:

Joseph Mendoza

Name of Person

Big Heart Movers LLC

Firm/Company

8320 Matthew Drive

Address

New Port Richey, FL. 34652

City/State and Zip Code

BigHeartMoving@gmail.com

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

For further information concerning this matter, please call:

Joseph Mendoza

Name of Person

at (727) 808-2999

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

Big Heart Movers LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 DEC 11 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/01/2012 and assigned
Florida document number L12000139080.

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:

(Principal office address MUST BE A STREET ADDRESS)

7832 Leo Kidd Ave

Port Richey, FL. 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8320 Matthew Dr.

New Port Richey, FL. 34652

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:

Enter Florida street address

, Florida

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>
MGRM	Anthony Dirienzo	4626 US. Highway 19	<input type="checkbox"/> Add
		New Port Richey, FL. 34652	<input checked="" type="checkbox"/> Remove
MGRM	Mindy Dirienzo	4626 US. Highway 19	<input type="checkbox"/> Add
		New Port Richey, FL. 34652	<input checked="" type="checkbox"/> Remove
MGRM	Renee Mendoza	8320 Matthew Dr.	<input type="checkbox"/> Add
		New Port Richey, FL. 34653	<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

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

Dated

12/11/12

Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00