

214000038557

(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



600306186506

12/05/17--01012--021 **25.00

FILED

2017 DEC -4 P 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FROM THE MUSCLE PROMOTIONS 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:

TERRY BLACK

Name of Person

FROM THE MUSCLE PROMOTIONS LLC

Firm/Company

13453 BEECHBERRY DRIVE

Address

RIVERVIEW, FLORIDA 33579

City/State and Zip Code

BLACKTERRY@GMAIL.COM

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

For further information concerning this matter, please call:

TERRY BLACK

813

395-2565

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 4 P 2:47

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FROM THE MUSCLE PROMOTIONS 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 7, 2014 and assigned
Florida document number L14000038557.

This amendment is submitted to amend the following:

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

EXPRESS MOVING AND HAULING LLC

The new name must be distinguishable and contain 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)

13453 BEECHBERRY DRIVE

RIVERVIEW, FLORIDA 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13453 BEECHBERRY DRIVE

RIVERVIEW, FLORIDA 33579

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:

TRENESIA STRONG

New Registered Office Address:

15419 PLANTATION OAKS DRIVE APT 4

Enter Florida street address

TAMPA

City

Florida

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 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.

Trenesia Strong
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	STRONG, KENYA	6108 EAST WHITEWAY DRIVE	<input type="checkbox"/> Add
		TEMPLE TERRACE	<input checked="" type="checkbox"/> Remove
		FLORIDA 33617	<input type="checkbox"/> Change
AMBR	TRENESIA STRONG	15419 PLANTATION OAKS DR	<input checked="" type="checkbox"/> Add
		APT 4	<input type="checkbox"/> Remove
		TAMPA, FL 33647	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 DEC - 4 2:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

NOT APPLICABLE

FILED
DEC - 4 P 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12-1, 2017

Trenesia Strong

Signature of a member or authorized representative of a member

TRENESIA STRONG

Typed or printed name of signee