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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

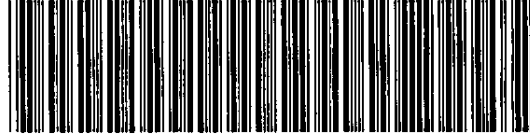
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TALLAHASSEE, FLORIDA
16 JUL 25 PM 2:02

EFFECTIVE DATE

8/10

AUG 11 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

HARUN GUVELOGLU
3711 MCKAY AVENUE #6
TAMPA, FL 33609

Ref. Number: L1600003108

2016 AUG 10 PM 1:53
TALLAHASSEE, FLORIDA

We have received your document for and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00015649

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Direction movers
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:

Harun Guveloglu
Name of Person

~~Best~~ moving - All Direction movers
Firm/Company

3711 W. McKay Ave # 6
Address

Tampa FL 33611
City/State and Zip Code

bestmoving67@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harun Guveloglu at (813) 313 8606
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

check send it
and cashed
Previous letter
Before

☐ \$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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All Direction movers 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 Feb-2016 and assigned
Florida document number L16000031108.

This amendment is submitted to amend the following:

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

Best Moving Florida 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)

4207 South Dale Mabry Hwy
#6108
Tampa FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4207 South Dale Mabry Hwy
#6108
Tampa FL 33611

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:

Harun Guveloglu

New Registered Office Address:

4207 S. Dale Mabry Hwy #6108

Enter Florida street address

Tampa, Florida 33611
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 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 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> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

16 JUL 23 PM 2:02

E. Effective date, if other than the date of filing: 8-10-16 (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.

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

Dated 8-10-16

Signature of a member or authorized representative of a member

Harun Gureloğlu
Typed or printed name of signee

Typed or printed name of signee