

L16000088865

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2019

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moore's Heavy Haul 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:

Guy Moore's

Name of Person

Moore's heavy haul llc

Firm/Company

1483 Lake side ave

Address

Davenport fl 33837

City/State and Zip Code

moore'sheavyhaul@outlook.com

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

For further information concerning this matter, please call:

Guy Moore's

813

750-3587

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

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

Moore's Heavy Haul 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 05/05/2016 and assigned
Florida document number L16000088865.

This amendment is submitted to amend the following:

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

Moore's Heavy Haul 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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 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>
AR	MOORES, PENNY J, MRS	1483 LAKE SIDE AVE DAVONPORT, FL 33837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		OWNERSHIP 51%	<input checked="" type="checkbox"/> Change
AR	MOORES, GUY S, MR	1483 LAKE SIDE AVE DAVONPORT, FL 33837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		OWNERSHIP 49%	<input checked="" type="checkbox"/> Change
AR	MOORES, GARRY M, MR	2810 MANOR HILL DR BRANDON, FL 33837	<input type="checkbox"/> Add
		REMOVED	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOORES, CORTNEY, MRS	281 MANOR HILL DR BRANDON, FL 33511	<input type="checkbox"/> Add
		REMOVED	<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

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TALLAHASSEE, FLORIDA

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

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.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee