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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

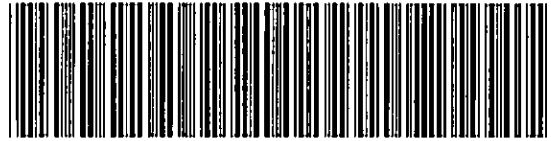
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

O SIMMONS

JAN 11 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ON THE ROAD AGAIN, 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:

Laura Montanaro

Name of Person

Abacus Payroll & Accounting, Inc.

Firm/Company

1140 NE 2nd Street

Address

Pompano Beach, FL 33060

City/State and Zip Code

abacuspompano@aol.com

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

For further information concerning this matter, please call:

Laura Montanaro

954 270-3261
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ON THE ROAD AGAIN, LLC

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

From Electronic Articles of Organization (01/09/2017)

Article V: Remove: Jody Swett

Article II: Change Principle and Mailing address to: 1126 S Federal Hwy, Ste 451 Fort Lauderdale, FL 33316

Article IV and V: Registered Agent /MGRM Throsten Schiffmann's address to:

1126 S Federal Hwy, Ste 451 Fort Lauderdale, FL 33316

Article III: add: Carrier of General Freight and Moving Household Goods

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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 X 12/5/19

X

Signature of a member or authorized representative of a member

X

Typed or printed name of signee

Throsten Schiffmann