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	Timothy Jenkins Tim. Jenkins @ ymail.com P.O.Box 941	<del> </del>
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	Summerfield, FL. 34492 Cell Phone: 352-480-6066 Henre Phone: 352-347-9981	
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# **COVER LETTER**

TO: Registration Se Division of Con					
SUBJECT:	SHICK N Name of Lin	MOUR Enterprised Liability Company	ise, UC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tim J Stick	Name of Person  Name of Person  Nove Enter	oprise, LLC		,
	P.O.	BOX 941 Address Whield, FL. 34486	}	17 MAR 20	SECRETARY
	Tim. Je. E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code		h : 1 Wd	THE SHA
For further information c	oncerning this matter, please c	all:		<u> </u>	EU.
Tim Jenk	ins f Person	at (352) 480-( Area Code Daytime	2006 Telephone Number		
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy is end		

## 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

Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000042486</u> .	were filed on <u>Feb. 23, 20</u>	)/7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Stick N move Enterpris	se, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14589 SE 731	of AUR.
(Principal office address MUST BE A STREET ADDRESS)	Summerfield,	PL. 34480 556
		2 U.S.
Enter new mailing address, if applicable:	P.O. BOX 941	
(Mailing address MAY BE A POST OFFICE BOX)	Summerfield, F	1. S449\$ EM
B. If amending the registered agent and/or registered of		nter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
THE PROPERTY OF THE PARTY OF TH	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
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			☐ Remove
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fective date, if other than the date of filing:	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory ming requirements, this date will not be fisted a
record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
tted Feb. 28 , 2017	
Signature of a monitor or authorize	

Page 3 of 3

Filing Fee: \$25.00

## **Gmail**

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Sent Mail

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Unwanted

More labels

Tim Jenkins <tim.jenkins@ymail.com>

to me

Sent from my iPhone

Begin forwarded message:

From: < limitedonline@dos.state.fl.us>

Date: February 27, 2017 at 12:02:44 PM CST

To: <TIM.JENKINS@YMAIL.COM>

Subject: Corporate Filing - 000295887120

The Articles of Organization for STLICK N MOVE ENTERPRISE, L were filed electronically on February 23, 2017, effective February 23, 2017, as verified by this email and authentication number shown below and were assigned document number L1700004298f Please refer to this number whenever corresponding with this office.

Please allow up to 24 hours for your record to appear on Sunbiz.or

Electronic filing and certification is provided for in section 15.16, Florida Statutes and has the same legal effect as any other filing or certificate.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be require when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp

Please be aware if the limited liability company's address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please conta this office at the address given below.

DANIEL O'KEEFE
Regulatory Specialist II
Registration Section