

L17000255687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

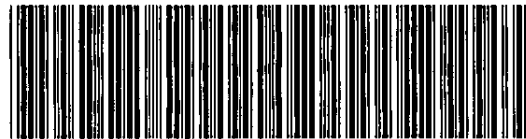
(Business Entity Name)

(Document Number)

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2018 FEB 12 4:10:03
FEB 12 2018
FEB 12 2018

FEB 13 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & J Moore Nationwide Van Lines
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:

Salvatore T. Viscount

Name of Person

J & J Moore Nationwide Van Lines

Firm/Company

1755 NE 6th St

Address

Boynton Beach, FL 33435

City/State and Zip Code

Salviscount@moorenationwide.com

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

For further information concerning this matter, please call:

Salvatore Viscount

Name of Person

at (302) 574-0932

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**

J&J Moore Nationwide Van Lines, 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 12/14/2017 and assigned Florida document number L17000255687

This amendment is submitted to amend the following:

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

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)

1755 NE 6th St
Boynton Beach, FL
33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

303 E. Woolbright Rd
Boynton Beach, FL
33435
#246

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:

Salvatore Viscount

New Registered Office Address:

1755 NE 6th St

Enter Florida street address

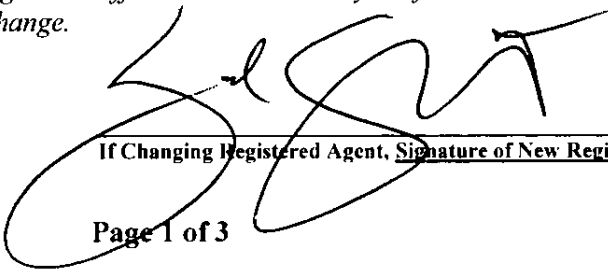
Boynton Beach, Florida 33435

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:

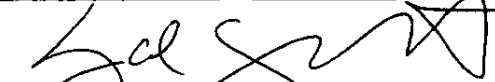
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Justin Cappiello	1755 NE 6 th St	☐ Add
		Boynton Beach, FL	☒ Remove
		33435	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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 2/9/18 . 3:08 PM


Signature of a member or authorized representative of a member

Salvatore T.
Typed or printed name of signee

2016 FEB 12 AM 10:06