

L18 000039121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900346364819

06/15/20--01028--002 \*\*60.00

FILED  
CLERK OF STATE  
DEPARTMENT OF CORPORATIONS  
20 JUN 15 PM 3:58

*Amend*

JUL 01 2020

RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Class Delivery & Moving Services 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:

Jeremy D Mashburn

Name of Person

Firm/Company

1401 S Palmetto Ave Apt 605

Address

Daytona Beach, FL 32114

City/State and Zip Code

First-Class-Moving@yahoo.com

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

For further information concerning this matter, please call:

Jeremy Mashburn

Name of Person

at (386) 262-8088

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

20 JUN 15 PM 3:58

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

First Class Delivery And Moving Services 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 2/12/2018 and assigned  
Florida document number L18000039121

This amendment is submitted to amend the following:

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

N/A

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)

1401 S Palmetto Ave  
Apt 605  
Daytona Beach, FL 32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 S Palmetto Ave  
Apt 605  
Daytona Beach, FL 32114

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:

Jeremy D Mashburn

New Registered Office Address:

1401 S Palmetto Ave Apt 605  
Enter Florida street address  
Daytona Beach Florida 32114  
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.

Jeremy D Mashburn  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

★ Adding Jeremy Mashburn As  
Member Manager.

★ Scott Ally is staying on as MGR  
of the Business

★ Attached are illegal removal of  
Jeremy Mashburn on Dec. 17 2019.

E. Effective date, if other than the date of filing: 6/12/2020 (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

June 12

2020

Signature of a member or authorized representative of a member

Jeremy Mashburn

Typed or printed name of signee

December 17, 2019



HALIFAX  
HEALTH

Re: Jeremy Mashburn

To whom it may concern:

Mr. Jeremy Mashburn was hospitalized at Halifax Health Medical Center, Daytona Beach, FL on December 14, 2019 and remains hospitalized at this time in the Intensive Surgical Care Unit and has no anticipated discharge date at this time.

If you have any further questions please contact me at 386-425-0351.

A handwritten signature in black ink, appearing to read 'Amanda Bizzle'.

Amanda Bizzle, MBA

Case Manager

Halifax Health Medical Center

303 N. Clyde Morris Blvd

Daytona Beach, FL, 32114

PO BOX 2830

DAYTONA BEACH, FL 32120

T: 386.425.4000

[halifaxhealth.org](http://halifaxhealth.org)

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT  
IN AND FOR VOLUSIA COUNTY, FLORIDA

CASE NUMBER: \_\_\_\_\_

DIVISION: \_\_\_\_\_

VS.

Jeremy D. Mashburn

This is to notify the Seventh Judicial Circuit Court of Volusia County that Mr. Jeremy D. Mashburn was hospitalized in the Intensive Care Unit at Halifax Health Medical Center on 12/14/19. Mr. Mashburn remains hospitalized in the ICU at this time. He currently is on ventilatory support and has a severe traumatic brain injury. ~~At~~ At this time we don't have an expected discharge date as Mr. Mashburn remains in critical condition, but stable.

Mr. Mashburn will need extensive rehab (cognitive & physical) after discharge from the hospital. It is likely he will not return to his baseline functioning for at least one year or more.

I certify that a copy of this document was ☒ one only ☐ mailed / ☐ faxed and mailed / ☒ hand delivered to the person(s) listed below on {date} 12/20/19

Name: DeWayne Mashburn  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

I certify that a copy of this document was ☐ one only ☐ mailed / ☐ faxed and mailed / ☐ hand delivered to the person(s) listed below on {date} \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Dated: December 20, 2019

Signature: [Signature]  
Printed Name: Amelia Bizzle, MBA, CM  
Address: 33 N. Clyde Morris Blvd  
City, State, Zip: Daytona Beach FL 32114  
Telephone No.: (386) 425-0351  
Halyax Health Medical Center  
Intensive Surgical Care Unit