

LI 8000 147908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

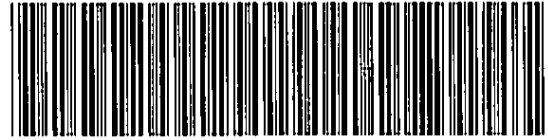
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2018 AUG 20 PM 2:49

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AUG 23 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2018

JOHN C BLOOMHALL
2818 THISTLE WAY
NAPLES, FL 34105 US

SUBJECT: MOOVENUP LLC
Ref. Number: L18000147908

We have received your document for MOOVENUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 718A00013371

JUN 20 2018 PM 2:45

ED

RECEIVED

2018 JUL 20 PM 12:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moovenup LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Bloomhall
Name of Person

Moovenup LLC
Firm/Company

2818 Thistle Way
Address

Naples, FL 34105
City/State and Zip Code

john@bcjfam.com
E-mail address: (to be used for future annual report notification)

REC'D
CORPORATION
20
07
23
45

For further information concerning this matter, please call:

Gary J. Streit at (319) 365-9461
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

John C. Bloomhall
2818 Thistle Way
Naples, FL 34105

August 13, 2018

Ms. Brittany M. Figueroa
Regulatory Specialists II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: Letter Number: 818A00015332
Ref. Number: L18000147908

2018 AUG 20 PM 2:45

Dear Ms. Figueroa:

Enclosed is a corrected document containing my signature as requested. I apologize for my oversight. Thank you for your assistance.

Sincerely,



John C. Bloomhall



RECORDED

2018 AUG 20 AM 11:19

10/10/18

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Moovenup LLC

SECOND: The Florida Document number of the limited liability company is: L18000147908

THIRD: Document to be corrected is: Electronic Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

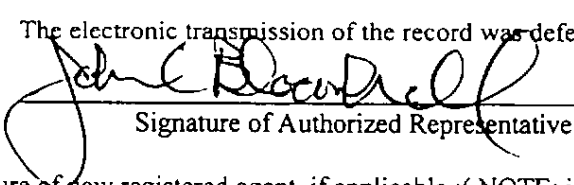
See attached.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

8/13/18
Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Attachment to Statement of Correction for Florida Limited Liability Company

The Electronic Articles of Organization incorrectly referred to an address of 2813 Thistle Way, Naples, Florida 34105 for the Principal Address, the Mailing Address, the Registered Agent's Address, and the Authorized Person. The correct address is 2818 Thistle Way, Naples, Florida 34105.

John C. Bloorhal 7/17/18
John C. Bloorhal

2018 AUG 20 PM 2:45