

L18000170525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SEP 21 2018

FAX COVER SHEET

TO	OctaviaSimmons
COMPANY	Florida State, Division of Corporation
FAX NUMBER	18502456030
FROM	JACQUELINEROGERS
DATE	2018-09-25 11:49:36 GMT
RE	We Haul It and More Moving Service, LLC

COVER MESSAGE

Please see the attached changes.

Thank you

CharlieRogers

RECEIVED

2018 SEP 25 PM 11:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

CHARLIE ROGERS
877 W MINNEOLA AVE, #121122
CLERMONT, FL 34712

SUBJECT: WE HAUL IT AND MORE MOVING SERVICE, LLC
Ref. Number: L18000170525

We have received your document for WE HAUL IT AND MORE MOVING SERVICE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00017309

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: We haul it and more moving service, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlie Rogers
Name of Person
We haul it and more moving service
Firm/Company
877 W. Minnesota Ave #121122
Address
Clermont FL 34712
City/State and Zip Code
Wehaulitandmore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Rogers at 352 223-3449
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)

Already
Paid
See letter

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**

We haul it and move moving service 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 July 16, 2013 and assigned Florida document number L18000170525.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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>
MGR	Charlie Rogers	877 W. Minnesota Ave	<input checked="" type="checkbox"/> Add
		Clermont, FL 34712	<input type="checkbox"/> Remove
		#121122	<input type="checkbox"/> Change
MGR	Jacqueline E. Rogers	877 W. Minnesota Ave	<input type="checkbox"/> Add
		Clermont, FL 34712	<input checked="" type="checkbox"/> Remove
		#121122	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERMT, FL

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

SEP 25 11 55 AM '66

E. Effective date, if other than the date of filing: _____ (optional)

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), if the effective date is the same as the filing date, the date will not be listed as the effective date.

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 September 22, 2018

Charles Rogers
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Charlie Rogers
Typed or printed name of signee

Typed or printed name of signee