# 11800172760

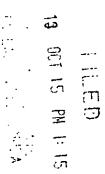
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MO	ving Forward Name of Limit	Hauling LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Bradley	T Gilyard Name of Person	
	Moung	Forward Hauling	LLC
	8 Riche	Lieu Lane	<u></u>
	Palm Coas	FL. 32164 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	eation)
For further information c	oncerning this matter, please cal	II:	
Bradley T	-Gilyard	at ( <u>386) 227-</u> Area Code Daytime	3488 Telephone Number
		·	•
Enclosed is a check for th	e following amount:		
S25.00 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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moy 10 Forward (Name with Limited Liability Cor (A Florida Limit	mpany as it nowappears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison document number $\frac{1800172760}{}$ .	any were filed on July 18, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L.	tability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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 registered agent and/or the new registered office address by	I office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del>.</del>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

New Registered Agent's Signature, it 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 Type of Action Title <u>Address</u> Name Bradley T Gilyard & Richelieu Lone WAND MGR PalM Gast FL. 32/64 ☐ Change Marcus T Stokes 646 010 Samples RD WAdd MGR Sangteo FL. 32187 - Remove Change MGR Jendrick T Gilyard 3001 Sw 24th Ave Apt 1890 Add ☐ Change □ Add \_□ Remove □ Change \_□ Add ☐ Remove □ Change

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Filing Fee: \$25.00