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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	СТ.	MUVE,	LLC	
оовуг			nited Liability Company	····
The enc	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		-	Lexa Armstrong	
			Name of Person	
			MUVE, LLC	
			Firm/Company	
		16	14 Santa Barbara Drive	
			Address	· · · · · · · · · · · · · · · · · · ·
		D	Junedin, Florida 34698	
			City/State and Zip Code	
		RUSI	-IWAYofficial@gmail.com to be used for future annual report notifi	1 / Cation)
For furth	er information co	oncerning this matter, please c		outon,
	Lexa Aı	rmstrong	at (727) 738-858	5
	Name of	Person		Telephone Number
Enclosed	l is a check for the	e 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:

TO:

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**

MUVE,			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears of bility Company)	n our records.)	
The Articles of Organization for this Limited Liability Company we Clorida document numberL18000207108	ere filed on	08/29/2018	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:	:	
RUSHWAY, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2019 SE
Principal office address MUST BE A STREET ADDRESS)			P TI
_			
			SSS A M
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			FAT 5
_			m •
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here: Name of New Registered Agent:	e address on or	ır records, <u>ente</u>	r the name of the
			·
New Registered Office Address:	Enter Florida	count adds	
	Emer rioriaa	sireer adaress	
	City	, Florida _	Zip Code

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>	Address	Type of Action
	, <u></u>		
			Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Add
			Remove
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			□ Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 (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.
DatedApril 16 ,2019 .
Signature of a member or authorized representative of a member
Lexa L. Armstrong Typed or printed name of signee

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Filing Fee: \$25.00