

L190000 24697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 FEB 15 11:11

WHITE  
FEB 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021-01-25 11:11:11

January 25, 2021

DESIREE MANN-JOHN  
8200 CLEARY BLVD #2010  
PLANTATION, FL 33324

SUBJECT: DNM ENROLLMENT LLC  
Ref. Number: L19000024697

We have received your document for DNM ENROLLMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return 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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 621A00001684

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DNM Enrollment 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:

Desiree Mann-John  
Name of Person

Firm/Company

8200 Cleary Blvd #2010  
Address

Plantation, FL 33324  
City/State and Zip Code

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

For further information concerning this matter, please call:

Desiree Mann-John  
William John at ( 305 ) 910-1578  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JAN 10 11:01

December 10, 2020

DESIREE MANN-JOHN  
8200 CLEARY BLVD #2010  
PLANTATION, FL 33324

SUBJECT: DNM ENROLLMENT LLC  
Ref. Number: L19000024697

We have received your document for DNM ENROLLMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return 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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 020A00024799

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2019-01-25

DNM Envoiment 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 Jan 23, 2019 and assigned Florida document number L19000024697.

This amendment is submitted to amend the following:

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

Moving Leverages LLC

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)

8200 Cleary Blvd #2010  
Plantation, FL 33324

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1491 NW 33rd Ave

Lauderhill, FL 33311

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:

Angela Shakir

New Registered Office Address:

1491 NW 33rd Ave #

Enter Florida street address

Lauderhill

City

Florida 33311

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.*

Angela Shakir  
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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 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.

Signature of a member or authorized representative of a member

Typed or printed name of signer