U90000 25367

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COVER LETTER

I'O: Registration Section Division of Corporations
SUBJECT: AMERICA ON THE MOVE, C.C. 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:
GUY FINKELSTEIN Name of Person
AMERICA ON THE MOVE, LLC Firm/Company
1280 BW 36TH AVE #100 PORTATIONS
POMPANO BEACH, FL 33069 City/State and Zip Code 9 FINKELSHEIN 1222 @G Meell. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GUY FINKCISTEIN at (201) 500 5350 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICA: ON	THE MO	VE LLC		
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number	<u>5367</u>	were filed ont	124/19	and assigned
	_	litu aarmaanu baras		
A. If amending name, enter the new name of t	ne limited liabi	uty company nere:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company." the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			28 19 FEB 14 P
B. If amending the registered agent and/or	r registered off	ice address on ou	ır records, enter	the name of the new
registered agent and/or the new registered offi	ce address here	:		<u>.</u>
Name of New Registered Agent:	Guy	FINKELS	TEIN	
New Registered Office Address:	5423	NW SUTH Enter Florida		
	COCONE	ST CREEK	, Florida <u>- 3</u>	23073 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>	Address	Type of Action
MGR	GUY FINKELSTEN	5423 NO SUTH DRIVE	EAdd
		CCCCNUT CREEK FL3	3973 □ Remove
			Change
MGR	JOSHUA MALLEN	2226 N CYPRESS BENDIN	# SCS 2_□ Add
		Poinpanc Beach FL 3306	□ Remove
			Change
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ffecti	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1110	Sour day arear are record is med.
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ated	1. 21.
	My hlast
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00