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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	E AND C MOVING AND DELIVERY SERVICE LLC				
HOBSECT.		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		EVERALD CAMPBELL			
		Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: EVERALD CAMPBELL Name of Person E AND C MOVING AND DELIVERY LLC Firm-Company 617 50TH STREET Address WEST PALM BEACH, FL 33407 City/State and Zip Code EVERALDVINCENT@GMAIL.COM E-mail address: to be used for future annual report notification) tion concerning this matter, please call: at (
E AND C MOVING AND I			Name of Limited Liability Company les of Amendment and feets) are submitted for filing. rrespondence concerning this matter to the following: EVERALD CAMPBELL Name of Person E AND C MOVING AND DELIVERY LLC Firm-Company 617 50TH STREET Address WEST PALM BEACH, FL 33407 City/State and Zip Code EVERALDVINCENT@GMAIL.COM E-mail address: to be used for luture annual report notification) tion concerning this matter, please call: at (
			Firm Company	- · · · - ·	
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: EVERALD CAMPBELL Name of Person E AND C MOVING AND DELIVERY LLC Firm: Company 617-50TH STREET Address WEST PALM BEACH, Fl. 33407 City/State and Zip Code EVERALDVINCENT@GMAIL.COM E-mail address: to be used for future annual report notification) Incerning this matter, please call: Person Area Code Daytime Telephone Number Following amount: S30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Expert Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Address				
		WEST PALM BEACH, FI	33407		
		-	City/State and Zip Code	.	
		EVERALDVINCENT@GN	JAIL.COM		
		E-mail address; i	to be used for future annual report not	tification)	
For further i	nformation c	oncerning this matter, please ca	all:		
			er (
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 l	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Re Di P.(_	Section Torporations 7	Registration So Division of Co The Centre of	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E AND C MOVING AND DELIVERY LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re- Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 04/3/02019	and assigned	
Florida document number <u>L19000117241</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	5 6	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1750 DONNA ROAD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 3		
	WEST PALM BEACH, FI	_ 33409	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Ciţy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties	s, and I am familiar with and	

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>	Type of Action
			□Remove
			Change
			
			□Remove
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Effective date, if other than the (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	he date of filing: nust be specific and cannot be block does not meet the	applicable statutory	(option or more than 90 days after fil filling requirements, this d	ing.) Pursuant to 605.0207
ne record specifies a delayed effe ord is filed.	ttive date, but not an effec	ctive time, at 12:01 c	.m. on the earlier of: (b)	The 90th day after the
JULY 23	2020			
Dated JULY 23	777	· · ·		
	Signature of a member of	or authorized represent	ative of a member	
EVERALD CAMPB		or authorized represent	ative of a member	