

L19000151453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

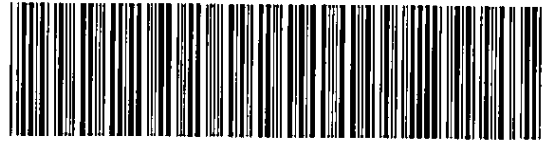
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2019 SEP 20 PM 12:48

SEP 20 2019
FALLS CHURCH, VA

Y. SULKER

SEP 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2019

AWESOME MOVERS LIMITED LIABILITY COMPANY
1949 SE ESTERBROOK
PORT ST LUCIE, FL 34983

SUBJECT: AWESOME MOVERS LIMITED LIABILITY COMPANY
Ref. Number: L19000151453

We have received your document for AWESOME MOVERS LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 919A00018889

RECEIVED

2019 SEP 20 PM 2:12

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AWESOME Movers Limited Liability Company
(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 6/7/19 and assigned Florida document number L19000151453.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brittney Williams	1949 SE Esterbrook St	<input checked="" type="checkbox"/> Add
		Port St. Lucie FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dennis E Williams BR.	349 7 th Court SW	<input type="checkbox"/> Add
		Vero Beach FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 8/26/19.

Signature of a member or authorized representative of a member

Typed or printed name of signee