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2019 SEP 18 FN 3: 25

R. WHITE SEP 3 (2019

COVER LETTER

TO:

	tion Section of Corporations	
CITIO IN COM	HONWIDE QUICK MOVERS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Ar	cles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	David G Riccio	
	Name of Person	
	NATIONWIDE QUICK MOVERS LLC	
	Firm/Company	
	1620 S Palmetto Ave Unit 102	
	Address	
	South Daytona, FL 32119	
	City/State and Zip Code driceio97@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further infor	ation concerning this matter, please call:	
David G Riccio	386 3076440 at ()	
	Name of Person Area Code Daytime Telephone	Number
Enclosed is a che	k for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Contact (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 STP 18 PM 3: 25

NATIONWIDE QUICK MOVERS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(Ari	ionda Emined Elaonity Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 9/11/2019	and assigned
This amendment is submitted to amend the followin	ng:	
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 A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	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>	Type of Action
MGR	David L Riccio	1620 S Palmetto Ave	
			= Add
		102	Remove
		South Daytona, FL 32119	D Remove
		John Dayona, 1 L JE117	Change
			Add
			□ Remove
			Change
		 	Remove
			□ Change
			_ □ Add
			□ Remove
			☐ Change
-			Add
			Remove
			□ Change
			□ Remove
			☐ Change

	
9/11/2019	
(optional) (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 tiling Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	(;) Pursuant to 605,0207 (3)(t : will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated Sept 11th 2019 Del Collecció	
Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00