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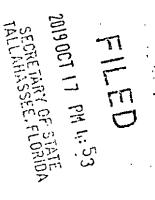
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COVER LETTER

TO: Registration Section Division of Corpor:			
SUBJECT: Moving	Goods LLC		
SUBJECT: 17 101113	Name of Limit	ed Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Marguis	Bates Name of Person	
	Moring Go	od 5 LL C Firm/Company	
	605 B Sea	Pine way	
	Greenaires	City/State and Zip Code Les 30 Yahoo. Com o be used for future annual report notifi	
-	2 Lecbat	les 30 Yahoo. Com	cation)
For further information conc			,
Mary us B	3 ates	at (<u>561</u>) 735-2 Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

Moving Gods LLC (Name of the Limited Liability Company)	y as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000210334</u> .	1	19th 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 off registered agent and/or the new registered office address here	fice address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Cocle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Marguis Bates	GOS B Seu Pine way Greenacres 71 37415	∠ Add
	U	Greenacres 71 37415	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 (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.
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.
Dated 10/11/2019
Marquis Batas Typed or printed name of signee
Marquis Batas

Page 3 of 3

Filing Fee: \$25.00