

L20000042912

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

R White  
10/9/20

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2020 OCT -7 AM 11:51

SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOVING TO ORLANDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 OCT -7 PM 6:45

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

2020-07-17 8:15

Moving To Orlando, LLC

(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 02/05/2020 and assigned  
Florida document number L20000042912.

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	PETER WERNER	7901 4th St N	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
AMBR	SEAN FAULK	7901 4th St N	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
AMBR	Peter R Werner, LLC	7901 4th St N	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
AMBR	Sean Faulk, LLC	7901 4th St N	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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 10/7, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee