120000205229

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2020 SEP 21 AM 8: 31 SECRETARY OF STATE

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COVER LETTER

		ration Sec n of Corp			
cim irz		ARE TRU	CK MOVING & DOLLY SE	RVICES LLC	
SUBJEC	1:		Name of Lim	ited Liability Company	
The enclo	sed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all	correspor	idence concerning this matter	to the following:	
			NOEL ALLEN		
			·	Name of Person	
			CARE TRUCK MOVING	& DOLLY SERVICES LLC	
				Firm/Company	
			1943 NUGGET DRIVE		
				Address	
			CLEARWATER FL 3375	5	
				City/State and Zip Code	·
			allennoel889@gmail.com	to be used for future annual report noti	(ication)
For furthe	er infor	mation co	oncerning this matter, please of		(Kation)
NOEL A			, , , , , , , , , , , , , , , , , , , ,	727 678 -6844	
		Name of	Person	at (e Telephone Number
Enclosed	is a ch	eck for th	e following amount:		
≘ \$25.0	90 Filir	ng Fee	☐ \$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)
	Regis Divisi P.O. I	30x 632°	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

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

FILED

2020 SEP 21 AM 8: 34

CARE YRUCK & DOLLY MOVING SRRVICES LLC

(Name of the Limited Liability Company as it now appears on our record, TALL AHASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/15/2020}{}$ and assigned Florida document number $\frac{L20000205229}{}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TAKE CARE TRUCK & DOLLY MOVING MOVING SERVICES LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 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

	from our records:	zed to manage, <u>enter the title, name, an</u>	d address of each person being add
SIGR = N AMBR = A	lanager authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
	·		□Add
			☐Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
	-	_ /	Add
			Remove
			□Add
	/		□Remove
			□Change

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)
-	
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<u>Note:</u> H	e date of other than the date of filing:
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
d is file	i.
Your	9/14/20.
zaica _	——————————————————————————————————————
	Signature of a member or authorized representative of a member
	NOEL ALLEN

Filing Fee: \$25.00