## L20 000 205229

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b> ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special management



100370589471

FILED

2021 AUG -5 PM 2: 06

SECRETARY OF STATE

Office Use Only



## COVER LETTER

Registration Section Division of Corporations

· TO:

TAKE CA SUBJECT:	RE TRUCK & DOLLY MOV.	ING MOVING SERVICES LLC	2	
SOBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NOEL ALLEN			
		Name of Person		
	TAKE CARE TRUCK &	DOLLY MOVING MOVING SER	SECRETARY OF STATE	
		FirmvCompany		
	1943 NUGGET DRIVE		ARANA -5	
		Address	PR X OF	
	CLEARWATER FL 3375	5	2: 06 STAT E, FI.	
		City/State and Zip Code	in the second se	
	allennoel889@gmail.com			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
NOEL ALLEN		727 678 6844		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing 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)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TAKE CARE TRUCK & DOLLY MOVING MOVING SERVICES 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 ar	nd assigned
Florida document number L20000205229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
TAKE CARE TRUCK & DOLLY MOVING SERVICES LLC	9/ 2	3
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the addreviation	on "Lift"
Enter new principal offices address, if applicable:	LAAA	5
(Principal office address MUST BE A STREET ADDRESS)	/ 35	
	<i>'</i>	
		2: 06
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of th</u>	e new registered
and the second of the second o		
Name of New Registered Agent:		
New Registered Office Address:	Enter Flanda street address	<del></del>
	, Florida	Code
Van Dagistanad Court's Cinnatura if sharping Designation 1	Zipi	CARIC
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e 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 Title 1 <u>Name</u> Address Type of Action \_□Add \_ □Remove  $\square$ Change  $\Box Add$  $\square$ Remove 2021 AUG - 5-PH Remove \_ 🗆 Change \_ □Add \_ □Remove □Add □Remove ☐ Change □Add  $\square$ Remove

□ Change

	<del></del>
	<del></del>
	2021 SEC
	<u> </u>
	ZI AUG -5 PH 2: FAILANASSEE.
	PSS - M
	EE, S
	PH 2: 06 Y OF STATE ASSEE, FL
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605,0207 (3
document's effective date on the Department of State's records.	ments, this date will not be fisted as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea ord is filed.	rlier of: (b) The 90th day after the
$\sqrt{2}\sqrt{2}$	
Dated 8/3/W	
Signature of a member or authorized representative of a mem-	aber
/ h/a = 1 11	1513

Filing Fee: \$25.00