HZ0000319491

(Re	equestor's Name)	
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED 2020 OCT 29 PM 5: 24

12/1/20

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
The Way Y	ou Move LLC		
SUBJECT:	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:	
	Sherri L Bunch		
		Name of Person	
	The Way You Move LLC		
		Firm/Company	
	4010 Bay Pointe Drive		
		Address	
	32563		
		City/State and Zip Code	
	thewayyoumovefl@gmail.c E-mail address: (om to be used for future annual report not	ification)
For further information of	concerning this matter, please c	·	
Sherri L Bunch		678 8717697 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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	Street Address: Registration So	
Division of C P.O. Box 632	27	Division of Co The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Way You Move LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L20000319481	ere filed on 10-7-2020 and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y 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:)20	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	225	
	<u>(</u>	
Enter new mailing address, if applicable:		フ
- · · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	lress on our records, <u>enter the name of the new re</u>	<u>gisterec</u>
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 a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	rformance of my duties, and I am familiar with a vided for in Chapter 605, F.S. Or, if this docume	nd

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>	Address	Type of Action
AMBR	Sherri L Bunch	4010 Bay Pointe Drive	
		Gulf Breeze, FL 32563	□Remove
			□Add
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			Remove
			Change

			
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ce specific and cannot be prior to dat tock does not meet the applicable s	e of filing of more than 90 da	(optional) ys after filing.) Pursuant to 605.020 nts. this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time, a	t 12:01 a.m. on the earlie	r of: (b) The 90th day after the
October 19	, 2020		
ated			
ated	3020	representative of a member	

Filing Fee: \$25.00