## 121000086215

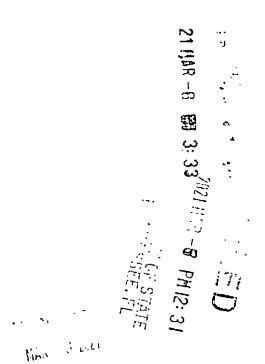
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## **COVER LETTER**

O:

Registration Section Division of Corporations

Moves LLC **UBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Breyeon Morris Name of Person Moves LLC Firm/Company 8010 NW 15 AVE Address Miami, FL 33147 City/State and Zip Code breyeonmorris@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: reyeon Morris Daytime Telephone Number Name of Person iclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moves LLC

ompany has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on February 22, 2021	and assigned
orida document number L21000086215		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.IC."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
iter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)	·	
If amending the registered agent and/or registered office a	iddress on our records, enter the	***
ent and/or the new registered office address here:		
		<b>6</b>
Name of New Registered Agent:		က်င. <u>¬ဝ</u> [း]
N. B. i. 1000 AU		15 E
New Registered Office Address:	Enter Florida street address	<del>- 72 3</del>
	Florid	a
	City	Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
1GR 	Breyeon Morris	8010 NW 15 AVE Miami FL 33147	<b>■</b> Add
			□Remove
			Change
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te:	ve date, if other than the date of filing:  (optional)  ective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	d 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 ed.
	$2 \times 1001$
ed	
ed .	Signature of a member or authorized representative of a member

).

Filing Fee: \$25.00