

121 000094734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

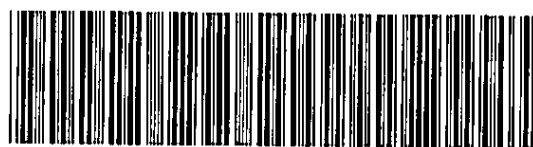
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400378305814

12/27/21--01036 --007 **25.00

FILED

2022 JAN 24 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 26 2022



RECEIVED

2022 JAN 24 PM 2:10
FLORIDA DEPARTMENT OF STATE
Division of Corporations SECRETARY OF STATE
TALLAHASSEE, FL

January 11, 2022

MICHAEL ANDERSON
1095 4TH LANE SW
VERO BEACH, FL 32962

SUBJECT: 3MOVES LOGISTICS LLC
Ref. Number: L21000094734

We have received your document for 3MOVES LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 022A00000738

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3Moves Logistics LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Anderson
Name of Person
3Moves Logistics LLC
Firm/Company
1095 4th ln sw
Address
Vero Beach FL 32962
City/State and Zip Code
anderson6631@att.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Anderson 757 692-4117
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JAN 24 AM 6:39

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
on (our records.)
TALLAHASSEE, FL

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	BUSHEL-S-CUE, NEFERTERIA	1095 4th Ln sw	<input type="checkbox"/> Add
		Vero Beach fl 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael Anderson	1095 4th Ln sw	<input checked="" type="checkbox"/> Add
		Vero Beach Fl 32962	<input type="checkbox"/> Remove
			<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
			<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 12/14/21

Filing Fee: \$25.00