L21000123833

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(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
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(Document Nu	mber)
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Special Instructions to Filing Office	ir. RA Signature
Office Us	se Only



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06/13/22--01013--010 **25.00



A. BUTLER SEP 2 6 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	A&D Mo	oving Services 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:	
		Decosse Darius	
		Name of Person	
	A&	D Moving Services LLC	
		Firm/Company	
	62	233 Beaument Ave	
	 	Address	
	Orland	o, Florida 32808	
		City/State and Zip Code	
		s@yahoo.com to be used for future annual report n	otification)
For further information of	oncerning this matter, please c	all:	
Decosse I	Darius	a1(407)8793	927
Name c	f Person	Area Code Dayt	ime 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 S	
Division of C	Corporations	Division of C	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 21 PM 2: 58

A& D Moving Services LLS (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Florida The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000123833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Decosse Darius Name of New Registered Agent: 6233 Beaumont Ave New Registered Office Address: Enter Florida street address

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.

City

Orlando

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 = MS $AMBR = AS$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
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Effective data if other than t	ha data of filing:			(ontic	unal)	
Effective date, if other than t fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet t	the applicable	ate of filing or me e statutory filing	ore than 90 days after g requirements, this	tiling.) Pursuant to 60 date will not be lis	5.0207 ted as
record specifies a delayed effect d is filed.	ive date, but not an e	ffective time.	, at 12:01 a.m. c	on the earlier of: (b)	The 90th day afte	er the
06/08 Dated	20)22				
Dated	Li					
Dated	Signature of a memb		ed representative	of a member		

Filing Fee: \$25.00

Date of this notice: 03-29-2021

Employer Identification Number:

86-2918803

Form: SS-4

Number of this notice: CP 575 G

A&D MOVING SERVICES LLC A&D MOVING SERVICES % DECOSSE DARIUS SOLE MBR 6233 BEAUMONT AVE ORLANDO, FL 32808

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2918803. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is A&DM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



August 27, 2022

DECOSSE DARIUS 6233 BEAUMENT AVE ORLANDO, FL 32808

SUBJECT: A&D MOVING SERVICES LLC

Ref. Number: L21000123833

We have received your document for A&D MOVING SERVICES 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 registered agent must sign accepting the designation.

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.

Letter Number: 322A00019126

Anissa Butler Regulatory Specialist II

7 7 2022

Date of this notice: 03-29-2021

Employer Identification Number:

86-2918803

Form: SS-4

Number of this notice: CP 575 G

A&D MOVING SERVICES LLC
A&D MOVING SERVICES

* DECOSSE DARIUS SOLE MBR
6233 BEAUMONT AVE
ORLANDO, FL 32808

For assistance you may call us at: 1-800-829-4933

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Your name control associated with this EIN is A&DM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.