## L21000229252

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(Document Number)
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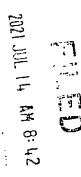
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MOVE HUB LLC			
	<u>.                                    </u>		
			 Art of Inc. File
			 LTD Partnership File
			 Foreign Corp. File
			 L.C. File
		ŗ	 Fictitious Name File
			 Trade/Service Mark
			 Merger File
			 Art. of Amend. File
			 RA Resignation
			 Dissolution / Withdrawal
			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
			 Certificate of Good Standing
			 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
			 Officer Search
			 Fictitious Search
Signature			 Fictitious Owner Search
			 Vehicle Search
	<del>-</del>		 Driving Record
Requested by: SETH	07/10/01	!	 UCC 1 or 3 File
·	$\frac{07/12/21}{5}$	T:	 UCC 11 Search
Name	Date	Time	 UCC 11 Retrieval
Walk-In Thom some CA &roc	Will Pick Up		 Courier

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Move Hub 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:	
Sachin Deodath Name of Person	<del></del> -
Move Hub LLC Firm/Company	
509 SW 2nd PL Address	
Pompono Reach 33060 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	-
Sachin Deodath at ( Name of Person Area Code Daytime Telephone Num	ber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Compan	by were filed on $\frac{5/17/2}{2}$ and assigned	
Florida document number L21000229252		
This amendment is submitted to amend the following:	brnitted to amend the following:  e, enter the new name of the limited liability company here:  cinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  offices address, if applicable:  509 SW 2nd PL, pompano  ess MUST BE A STREET ADDRESS)  Beach 33060	
A. If amending name, enter the new name of the limited lial	at is submitted to amend the following:  g name, enter the new name of the limited liability company here:  st be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ictipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  Beach 33060  ing address, if applicable:  SMAY BE A POST OFFICE BOX)  g the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  f New Registered Agent:  Gistered Office Address:	
The same	ing name, enter the new name of the limited liability company here:  nust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  inclinal offices address, if applicable:  509 SW 2nd PL, pompano  Reach 33060  ailling address, if applicable:  509 SW 2nd PL, pompano  Beach 33060  Beach 33060	
The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable:	509 SW 2nd PL. Domaino	
(Principal office address MUST BE A STREET ADDRESS)	Beach 33060	
The same of the sa		
Enter new mailing address, if applicable:	509 SW 2nd PL pompano	
(Mailing address MAY BE A POST OFFICE BOX)	Beach 33060	
B. If amending the registered agent and/or registered of	ffice addrage on over records such as	
registered agent and/or the new registered office address here	E:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin Code	

Now 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.

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN KOSTAR	4367 SWIDTH PL Unit 2	
		Deerfield Beach FL 334	142 X Remove
			Change
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ffective date, if an effective date is lote: If the date is ocument's effecti	listed, the date in nserted in this l	ust be specific and block does not m	cannot be prior to teet the applicable	date of filing or mule statutory filing	re than 90 days af	f <b>ional)</b> ter filing.) Pursuan his date will not	: to 605.0207 be listed as
e record speci The 90th day			ate, but not a	in effective tii	me, at 12:01	a.m. on the	earlier of:
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ated		Sechn	Deelat	4.			
ated		Signature of a m	ember or authoriz	ed representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00