

KZ1000346501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

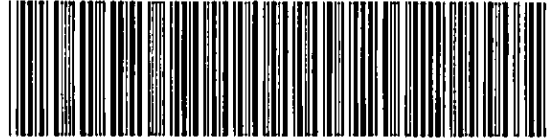
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



500372929975

09/09/21--01025--009 **30.00

FILED
2021 SEP 16 PM 3:02
SECURITY
FILED

D BRUCE
SEP 24 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2021

KAYLA L KELLY
219 S FEDERAL HWY
POMPANO BEACH, FL 33062

SUBJECT: FINAL DESTINATION MOVING AND STORAGE LLC
Ref. Number: L21000346801

We have received your document for FINAL DESTINATION MOVING AND STORAGE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 921A00022598

RECEIVED
CORPORATE RECORDS
DIVISION
SEP 16 2021

2021 SEP 16 AM 9:32

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Final Destination Moving & Storage 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:

Kayla L Kelly
Name of Person

Final Destination Moving and Storage LLC
Firm/Company

219 S Federal Hwy
Address

Pompano Beach FL 33062
City/State and Zip Code

Kayla L Kelly 77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla L Kelly at (814) 490-8866
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

2021 SEP 16 AM 9:22
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**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 Company were filed on August 2nd and assigned Florida document number L21000346801

This amendment is submitted to amend the following: see Members page

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 "L.L.C."

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:

Name of New Registered Agent:

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kayla L Kelly	1761 NE 55 th St. Apt 2	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL	<input type="checkbox"/> Remove
		33334	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 SEP 14 PM 3:33
RECEIVED
FBI
FBI
FBI

100

7
1
1
7
7

2021 SEP 16 AM 9:23

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

09/26/2021

Kayla L. Kelley
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kayla L Kelly

Typed or printed name of signee