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COVER LETTER

Tallahassee, FL 32314

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G LLC					
Name of Lim	nited Liability Company				
endment and fee(s) are sub	omitted for filing.				
nce concerning this matter	to the following:				
Christopher Johnson					
	Name of Person			_	
C.A.P Moving LLC					
	Fimt/Company			_	
811 39th Street					
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West Palm Beach,FL 3340)7			ivi.	2024 SEP 24
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	endment and fee(s) are subnice concerning this matter Christopher Johnson C.A.P Moving LLC 811 39th Street West Palm Beach.FL 3340 capmovingle@gmail.com E-mail address: (erning this matter, please concerning this matter) S30.00 Filing Fee & Certificate of Status	endment and fee(s) are submitted for filing. nee concerning this matter to the following: Christopher Johnson Name of Person C.A.P Moving LLC Firm/Company 811 39th Street Address West Palm Beach.FL 33407 City/State and Zip Company E-mail address: (to be used for future and errning this matter, please call: at (Area Code Sllowing amount: S30.00 Filing Fee & S55.00 Filing for the control of the	endment and fee(s) are submitted for filing. nee concerning this matter to the following: Christopher Johnson Name of Person C.A.P Moving LLC Firm/Company 811 39th Street Address West Palm Beach.FL 33407 City/State and Zip Code capmovinglic@gmail.com E-mail address: (to be used for future annual report notificate erring this matter, please call: at (1) Area Code Daytime Tele S130.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Address West Palm Beach.FL 33407 City/State and Zip Code capmovinglle@gmail.com E-mail address: (to be used for future annual report notification) erring this matter, please call: 330.00 Filing Fee & S55.00 Filing Fee & S60.00 Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Address West Palm Beach.FL 33407 E-mail address: (to be used for future annual report notification) E-mail gardens: (to be used for future annual report notification) Firmy Company Sollowing annount: \$\frac{561}{Area Code} \frac{719-8070}{Daytime Telephone Number} \$\frac{1}{2} \frac{560.00 \text{ Filing Fee} & \text{ Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.A.P Moving LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records, Liability Company))
The Articles of Organization for this Limited Liability Company lorida document number L2200000470‡	were filed on 12/27/2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		SH T
		, N , page
		ASS - 10
nter new mailing address, if applicable:		SEE D
Mailing address MAY BE A POST OFFICE BOX)		
		<u>"</u> O
. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nddress on our records, <u>enter t</u> l	he name of the new regist
	Enter Florida street address	
	Flor	rida
	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 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>	Type of Action
AMBR	Christopher Johnson	811 39th St	■Add
		West Palm Beach, F1, 33407	□Remove
			□Change
AR	Tameka Ellington-Callum	4068 SW Halcomb St	= Add
		Port Saint Lucie, FL 34953	□Remove
AMBR	Michael Johnson	811 39th St	2024 P 24 Add AH III
		West Palm Beach, FL 33407	SCO PREMOVE
			□ Change
			①Add
			Remove
			□Add
			□Remove
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Effective (date, if other than the date m	e date of filing:	not be prior to date of	filing or more than 90	(optional)	Pursuant to 605	0207 (
Note: If the	ne date inserted in this to s effective date on the l	block does not meet	the applicable stat	atory tiling requiren	nents, this date v	vill not be list	ed as ti
document	s cricelive date on the	separtment of state	s records.				
e record sp rd is filed.	ecifies a delayed effecti	ive date, but not an e	effective time, at 17	2:01 a.m. on the earl	ier of: (b) The	90th day after	r the
09/	24/2024						
Dated		<u> </u>	· ·				
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Filing Fee: \$25.00

Typed or printed name of signee