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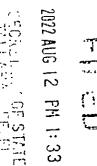
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	Division of Corporations			
SUBJECT:	B MOVERS	LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Devon	Russell Name of Person		
	<u>KB M</u>	IOVERS Firm/Company		
	757 FU	orth Rd. NW Address		
		Bay, FL 32907 City/State and Zip Code		
	E-mail address: (vers flagmail to be used for future annual report not	fication)	
For further information co	oncerning this matter, please co			
Devon Name of	Russe 11 Person	at (321) <u>458</u> Area Code Daytim	-5117 te Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	VERS		2022 AUG 12 PH 1: 34	
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	y as it now appears on lability Company)	OF STATE	
The Articles of Organization for this Limited Liab	oility Company v	were filed on 115	N22 and assigned	
Florida document number <u>L 220000 243</u>	17 <i>0</i>			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabil	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicals	ole:	<u> 221 w</u>	Hibiscus Blud. PMB20	ŋ
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	_ Melbou	ne, FL 32901	
Enter new mailing address, if applicable:		757 (Furth Rd. NW Bay, Fl 32907	
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Palm E	Bay FL 32907	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our recor	ds, enter the name of the new registered	•
Name of New Registered Agent:	_Devo	n Russell		
New Registered Office Address:	221 W	Hibiscus Enter Florida si		
	Melb	ourne Cay	Florida	

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

_	
_	
•	
_	
ffectiv	date, if other than the date of filing: (optional)
an effect	ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed	
ated	1 Avg 2 22
	Hand Signature of a member or authorized representative of a member
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