## 12000310605

(R	equestor's Name)	
(A	ddress)	
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C)	ity/State/Zip/Phon	e #)
PICK-UP		
(B	usiness Entity Na	me)
(Č	ocument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	p Filing Officer:	
	Office Use Or	nly



02/07/23--01032--004 \*\*2

2023 FEB -7 PH 1: 34 2023 FEB -7 PH 1: 28 <u>.</u>. ALLAHASSEE, FLOR

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## COVER LETTER

TO: Registration Section Division of Corporations

The Moving Center LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

bickie Dezerd Name of Person The Moving Center LL 2719 Hollywood Blud Unit #1051 Hollywood, FL 33020 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>186)</u><u>273-0802</u> Area Code Daytime Telephone Number darine

Enclosed is a check for the 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 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

ARTICLES OF		
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The Moving Ce	ny as it now appears on our recon Liability Company)	2023 FEB - 7_PH 1
(A Florida Limited I	. 1	an 191
The Articles of Organization for this Limited Liability Company	were filed on $07/12/20$	<u>22</u> and assign
Florida document number <u>L220003101005</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LI	.C" 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 agent and/or the new registered office address here:	address on our records, <u>ento</u>	er the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	,	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen, 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, <u>enter the title, name, and address of each person bei</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

• •

<u>Title</u>	Name	Address	<u>Type of A</u>
MGR_	dictie Dezard	2719 Hollywood Blud Unit 10	<del>51_</del> ⊡Add
		Hollywood, FL 33020	🗆 Remo
			🗆 Chang
AMBR	Temperance Blacker	PO BOX 224065	🗹 Add
		West Palm Beach, FL 334122	🗌 Remo
			🗆 Chanş
<u></u>			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 record is filed.

Signature of a member or authorized representative of a member	Dated February 7 2023	
	C.D.m.	
Jackie Degard	Signature of a member or authorized representative of a member	
Typed or printed name of signee	Jackie Dezard	

Filing Fee: \$25.00